

State of Delaware



CHILD AND FAMILY SERVICES PLAN

2018 ANNUAL PROGRESS AND SERVICES REPORT

**DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES**

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WILMINGTON, DE 19805**

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2018 Annual Progress and Services Report

I. General Information and Collaboration

This is the third annual report for DE's 2015-2019 Child and Family Services Plan (CFSP) approved November 17, 2014. The Division of Family Services (DFS) of the Department of Services for Children, Youth and Their Families (DSCYF) is the child welfare agency for Delaware (DE) and the primary author of this annual progress report.

As a strategic planning activity and to align the CFSP with current concerns and the Child and Family Service Review (CFSR) Program Improvement Plan (PIP), DFS held an annual stakeholder meeting to review progress, gather stakeholder input on performance and the coming year's strategic planning. The meeting was held March 30, 2017; 77 stakeholders were invited, including Court Improvement Program (CIP), Family Court Administration, Office of the Child Advocate (OCA) and Chief of the Nanticoke Indian Association. Forty-five representatives of child welfare community service agencies, advocates, attorneys, Administration for Children and Families Region III. A foster parent also attended. The Division of Youth Rehabilitative Services (DYRS), Division of Management Support Services (DMSS) and Division of Family Services (DFS) were represented. Family Service supervisors, regional managers and program managers were in attendance. The Director and Deputy Director also participated. The Victim Witness Coordinator from the U.S. Attorney's Office attended. The agenda included a review of the agency's mission and vision, guiding principles, program updates and performance measures. The group gave their input on child welfare strengths and areas of concern. Comments for edits to the CFSP-2017 edition were accepted until April 30, 2017.

The following comments on strengths and worries were documented by stakeholders attending the March meeting:

Strengths

1. Absence of recurrence of maltreatment of children in foster care
2. Implementation of Team Decision Making was a positive enhancement and a change in practice culture
3. Exceeding national average of visiting kids in foster homes
4. The work with normalcy to help youth have these important experiences
5. Foster parents staying active with the children in the teaming model
6. More involvement with biological families via Ice Breaker meetings
7. Caring nature of those working in DFS—"better than seen in New Jersey jurisdiction"
8. Increase in Investigation staff
9. High adoption rate within 24 months shows collaboration
10. Front line supervisors are strong advocates as they know cases/needs vs. what's measured in terms of documentation. Case review interviews with families should help improve stats.
11. Strong work with family related substance abuse issues and the partnership with other agencies to improve service and outcomes
12. Office of Child Care Licensing (OCCL) has strong record of monitoring facilities. The expanded work of criminal history registry ties in to keep kids safe.
13. Maintenance of Outcomes Matter initiatives

14. SDM®-SOP (Safety Organized Practice) incorporation into new automated case management system - FOCUS
15. Framework Team Meetings. Evidence based practices with courts.
16. Updated Delacare standards for Child Placing Agencies and other various updates at OCCL
17. Ability to come together with stakeholders, partially due to state size
18. High performance standards
19. Successful Independent Living (IL) Joint Sunset Committee review (Ready by 21)
20. Amount of data and ability to share with various cross sections
21. Better training
22. Strong contact schedule by private agency staff

Worries

1. Sustained increase in the number of child abuse/neglect reports
2. Resource deficiencies (state cuts)
3. Deep end system client services has negative impact on resource development for front end services
4. Visits to foster homes are inconsistent - this support is needed by foster parents
5. Some concerns of new foster parent applicants - this is why social worker visits are also important
6. Supervisors should ensure social workers make visits
7. Seriousness of the cases and volume is high, i.e. complex cases
8. How cases are counted, caseload impact
9. In state capacity to meet special needs placements
10. Surprised that there has been an increase in out of state placements given FIRST efforts
11. Education, employment-rates are too low for teens
12. Data shared with various entities but lack of feedback regarding efforts to help improve deficits
13. Hiring intensive review has negative impact
14. Prudent parenting not comfortably implemented fully until liability issue is resolved
15. Higher re-entry rate
16. New changes to Adoption and Foster Care Analysis Reporting System (AFCARS) regulations and rules

Another collaborative planning strategy is seeking input from foster youth. Comments about youth services obtained at the April 2017 convening of the Youth Advisory Council (YAC), attended by 15 youth, are below:

Strengths

1. ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) program works well
2. Early independent living programming for younger teens
3. Safe living environments
4. Academic support
5. Independent living program works well
6. Transitional housing is good
7. Family support for teens in care
8. Teens are improving life skills
9. Independent living providers come to the youth's residence

10. Independent living providers help youth achieve personal goals, improve interview skills and search for jobs

Worries

1. Lack of reinforcement to continue services after youth age out
2. Inconsistent services across counties
3. Lack of incentives for less motivated youth
4. Lack of resources for homeless youth
5. Lack of resources for single mothers
6. Youth lack discipline
7. Some staff are unmotivated, lack empathy and disparage youth
8. Too many barriers to getting driver's license
9. Transportation isn't available
10. Too few family visits
11. Planning is done without youth input
12. Lack of housing after age 21 and for college students
13. Food stamps are not available for college students
14. Youth adults have minimal work history
15. Mental health is a barrier to employment
16. Professionals take advantage of loopholes
17. Even one criminal offense can drastically affect services
18. Overmedicating foster youth, especially in group homes
19. Generalized problems and medical issues for foster youth
20. Overcrowded foster homes
21. Dental care not Medicaid eligible for young adults

Parents receiving contracted differential response, Family Assessment and Intervention Response (FAIR), and Team Decision Making services complete a survey. This information informs the agency's strategic planning process. FAIR parents rated domains on a scale from 0 (Poor) to 4 (Excellent) for CY2016. The results from 33 families are:

- Staff Friendliness – 3.5
- Staff Helpfulness – 3.53
- Staff Professionalism – 3.47
- Overall Experience – 3.41

Parents also responded to two questions:

- Did the service start on time? 88.6% agreed
- Did the family get what they needed? 92.6% agreed

Families attending Team Decision Making meetings also completed surveys. Two hundred forty-nine participants, including parents, relatives and other attendees rated these questions for CY2016:

Question	Agree	Disagree	Does Not Apply	No Answer
I understand the purpose of the meeting.	245	1	2	1
DFS was flexible in scheduling the meeting.	227	8	8	6
I received information about the meeting process and my role prior to attending the meeting.	225	8	11	5
People important in planning for the children were invited to attend.	241	3	3	2
I felt respected.	237	8	2	2
I felt comfortable speaking up and my opinions mattered.	238	8	1	2
The family's strengths and successes were recognized and discussed.	236	8	2	3
I am better able to understand the safety concerns regarding the child(ren).	232	7	9	1
I was part of the decision-making and planning for the family.	235	4	6	4
The plan developed at the meeting was clear and I understand the next steps.	239	6	2	2
I was satisfied with how the meeting was run.	230	11	2	6

In summary, TDM surveys indicate strong participant satisfaction and practice of family engagement in assessment and planning for children at risk of entering foster care.

The agency conducted a survey of foster parents, caseworkers, managers and youth during May 2016. Stakeholders were asked to list what is working well and their worries or concerns about the child welfare system. One hundred thirty-six surveys were returned; comments can be sorted into five categories: system, child and family services, communication and case/workload. Strengths and weaknesses were noted for all categories. Generally there was agreement the system is responsive to the needs of foster parents, children and families but more resources are needed, especially with substance abuse services for children and adults and youth aging out of care. Communication comments were inconsistent with both strong communication among a child's team and poor information sharing comments reported. All agreed caseworker workload was too high to adequately meet the needs of children and families.

Comments are aligned with CFSP agency and system initiatives to strengthen assessment, planning and service delivery, expand kinship care, improve timely permanency achievement, provide quality foster parent training and improve collaboration among partners on case and system levels.

During this reporting period, Delaware has collaborated with the Children's Bureau to finalize a Child and Family Services Review (CFSR) Program Improvement Plan (PIP). The PIP was officially approved May 3, 2017 with an effective date of April 1, 2017. The plan uses 20 strategies to address these areas needing improvement:

- Priority 3 investigation timeliness
- Assessing safety in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Children's physical and dental health services and documentation
- Quality Assurance case review system
- Child welfare supervisor training
- Private agency foster parent training
- Service array
- Family engagement in assessment, planning and placement activities; targeting intact families and fathers

In preparing the Annual Progress and Services Report (APSR), DFS shares writing and editorial input with over 30 agency and community partners. Contributors for the FFY2017 APSR include representatives from DFS, the Division of Youth Rehabilitative Services (DYRS), Division of Prevention and Behavioral Health Services (DPBHS), Division of Management and Support Services (DMMS) Interstate Compact Unit and Center for Professional Development, Office of Child Care Licensing (OCCL), Court Improvement Program (CIP), Court Appointed Special Advocate Program (CASA), the Office of the Child Advocate (OCA), Children's Advocacy Center (CAC), Prevent Child Abuse DE (PCAD) and Division of Public Health (DPH). Collaborations and shared activities to implement the CFSP are documented in the Statewide Community Service Partner Updates and Update on Progress Made to Improve Outcomes Sections.

Considering these comments and remarks, DFS proposes these priorities for the coming year:

- Implement the CFSR PIP strategies and activities
- As indicated in both the CFSR PIP and CFSP, implement the federal On-Site Review Instrument (OSRI) as the in-home and placement case review tool
- Continue to implement, train and promote Safety Organized Practice (SOP), Structured Decision Making® (SDM®), differential responses to reports of abuse and neglect, Team Decision Making (TDM), family search and engagement and timely permanency strategies
- Strengthen the array of services for challenging foster youth, especially those served by multiple Divisions through the Family Informed Resource Support Team (FISRT) initiative
- Continue activities to replace the automated case management system FACTS (Family and Child Tracking System) with FOCUS (For Our Children's Ultimate Success)
- Continue to implement protocols and standards for oversight of psychotropic medication administered to foster children
- Promote Trauma Informed Care through DSCYF training and communications
- Implement policy and provisions for plans of safe care for substance-exposed infants
- Continue collaboration with community partners in implementing and monitoring goals and activities of the CFSP and CFSR-PIP through quarterly CPAC meetings, CPAC

committee meetings and the CFSP annual stakeholder meeting. Family Court, private foster care providers and health care representatives are involved in CFSR-PIP activity implementation and monitoring.

DFS is reporting progress with the original 2015 Strategic Plan goals, benchmarks and measures. The edited 2018 version is attached and become active July 2017.

Delaware's Annual Progress and Services Report, Child and Family Services Plans and Child and Family Services Review are accessible at this web address:

http://kids.delaware.gov/fs/fs_cfs_review_plan.shtml Annual Reports are posted upon Administration for Children and Families' approval. State contact is Keith Zirkle, Division of Family Services, 1825 Faulkland Road, Wilmington DE 19805; 302.633.2709; james.zirkle@state.de.us

II. Update of Assessment of Performance

Context Statistics

Delaware's child welfare scope of service and achievement of outcomes correlates to the population served. For context here are some statistics describing the current population. DFS received 20,778 reports of abuse, neglect and dependency referrals in FY2016 and, screened-in 8,951 or 43% of those reports. Compared to FY2015, the number of reports received increased by 9%, while the number screened-in increased by less than 1%. Of all cases investigated 1,239 or 14% were substantiated, a decrease of 8% over the number of cases substantiated in FY2015. In FY2016, a total of 2,475 families and children received treatment services compared to 2,365 in FY2015, an increase of 5%. The average monthly placement (DFS out-of-home care) population in FY2016 was 725, an increase of 11% from the FY2015 average of 653. Four hundred and fifty-nine children entered initial DFS placements and 387 children exited placement in FY2016. There were 1104 children who spent at least one day in foster care during FY2016. This was a 14% increase from the 972 children in who spent at least one day in foster care during FY2015. At the end of the fiscal year, there were 650 children in DFS out-of-home care, an increase of 9% from 595 children in care at the end of FY2015. In FY2016, 89 children for whom the Division held parental rights were adopted. At the end of FY2016, the Office of Child Care Licensing's total count of licensed facilities in Delaware was 1,236. These facilities have the capacity to serve 51,195 children. The Criminal History Unit completed 7,493 criminal history record checks and 56,163 Child Protection Registry checks, resulting in the disclosure of 3,299 arrest reports. The unit also requested 106 out-of-state child abuse and neglect checks under the Adam Walsh Child Protection and Safety Act of 2006.

As of May 31, 2017 investigation caseloads for fully functioning caseworkers is 20.5 and treatment caseloads for fully functioning caseworkers is 19.5.

National Standards

DE has not received updated national data profiles since the FFY2017 APSR. The reader is referred to the FFY2016 APSR for review of these national data measures. DFS runs FACTS reports using federal syntax for these safety and permanency measures:

Safety

<i>National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.</i>						
FFY	2011	2012	2013	2014	2015	2016
	97.8%	97.5%	96.9%	97.9%	98.5%	97.5%
<i>National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.</i>						
FFY	2011	2012	2013	2014	2015	2016
	99.92%	99.85%	99.57%	100%	100%	100%

Permanency

<i>National Standards</i>							
	FFY	2011	2012	2013	2014	2015	2016
Reunification within 12 months from the most recent removal from home. Goal is 75.2% or higher.		76.7%	64.6%	68.2%	58.9%	64.4%	62.0%
Re-entries to foster care in less than 12 months. Goal is 9.9% or lower.		7.3%	3.5%	6.8%	6.5%	12.1%	15.7%
Of those children in care less than 12 months - % with 2 placements or less. Goal is 86% or higher.		82.1%	79.4%	83.3%	85.9%	85.1%	83.1%
Of those children in care for 12 but less than 24 months - % with 2 placements or less. Goal is 65.4% or higher.		69.0%	62.6%	61.3%	65.9%	61.8%	64.7%
Of those children in care 24 or more months - % with 2 placements or less. Goal is 41.8% or higher.		28.2%	35.5%	33.6%	32.4%	31.3%	33.8%
Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.		34.7%	31.9%	43.2%	33.3%	38.0%	40.9%
Children Emancipated Who Were in Foster Care for 3 Years or More. The goal is 37.5% or lower.		31.1%	36.8%	30.8%	43.8%	41.8%	31.4%

A Title IV-E Foster Care Review was conducted the week of August 24, 2015. A total of 80 cases were evaluated for Title IV-E child eligibility, provider eligibility and federal payment claiming. DE had 4 error cases but met the 95% compliance standard.

The third round of the Child and Family Services Review has progressed to the improvement plan implementation phase. To review, 86 case reviews were conducted in four regional sites between April and July 2015. Over 20 stakeholder interviews occurred May 11-20, 2015. The Program Improvement Plan is approved effective April 1, 2017. The following is a summary of the findings; see the CFSR Final Report for details:

https://library.childwelfare.gov/cwig/ws/cwmd/docs/cb_web/SearchForm

The CFSR evaluates thirty-six items under seven Outcomes and seven Systems:

Outcomes:

Safety (2)

- Children are protected from abuse and neglect
- Children are maintained in their own homes whenever possible

Permanency (2)

- Children have permanency and stability
- Preserving family connections

Well-being (3)

- Families have enhanced capacity to provide for their children's needs
- Educational needs
- Physical, mental health needs

Systems:

- Information system
- Quality assurance
- Case review
- Staff and provider training
- Service array
- Agency responsiveness to community
- Foster/adopt home licensing, approval and recruitment

DE is challenged to make improvement in these areas:

Case related:

- Priority 3 investigation timeliness
- Assessing safety consistently in treatment cases
- Establishing and working towards timely permanency goals
- Foster parent recruitment targeting sibling groups
- Consistent notice of hearings to caregivers
- Improving children's physical and dental health services and documentation

System related:

- Reforming Quality Assurance (QA) case review system
- Designing and implementing child welfare supervisor training
- Consistent private agency foster parent training
- Improving service array

- Strengthening family engagement in assessment, planning and placement activities; targeting intact families and fathers

The Program Improvement Plan has 20 strategies with activities to make improvements to these case and system related areas needing improvement. See Attachment: State of Delaware CFSR PIP FINAL 5-4-17. An early activity to track performance is to implement the federal On-Site Review Instrument as the agency's case review methodology, taking advantage of the automated report features of the Online Monitoring System (OMS) to measure progress towards goals established in Part II: Measurement Plan of the CFSR PIP. This is a summary table of the measures:

Statewide Data Measure	Baseline	Improvement Goal
<i>Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment</i>	81.08%	89.3%
<i>Item 3: Risk and safety assessment and management</i>	90.70%	94.7%
<i>Item 5: Permanency goal for child</i>	74.50%	82.3%
<i>Item 6: Achieving Reunification, Guardianship, Adoption or APPLA</i>	82.69%	89.4%
<i>Item 13: Child and family involvement in case planning</i>	74.70%	80.8%
Statewide Data Measure	Baseline	Improvement Goal
<i>Item 14: Caseworker visits with child</i>	86.05%	90.8%
<i>Item 15: Caseworker visits with parents</i>	68.06%	75.1%

In order to reach the applicable case count for each item, the first reporting period is November 2017.

DE's quality assurance investigation case review data for CY2016 reports on these safety assessment measures and a combined safety assessment score. (N=99, January-December 2016, statewide assignments)

QA Investigation Case Review Detail	% of Reviewers Agreeing
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SA1. Was the Safety Assessment completed on the appropriate household(s)?	99.0%
SA2. Was safety assessed for all children in the household?	92.9%
SA3. If "No" to Question SA2, was the reason documented?	42.9%
SA4. Were all safety threats identified for each child?	93.9%
SA5. Were the identified protective capacities documented during the contact(s) with the family?	98.1%
SA6. Were the indicated safety interventions appropriate for the identified threats?	93.5%
SA7. Is the final safety finding correct/appropriate?	98.0%
SA8. Was a Child Safety Agreement completed according to policy?	88.2%
SA9. If a Child Safety Agreement was completed, did it address the threats adequately?	100.0%
Combined Score for Safety Assessment	95.1%

These performance measures present a varied picture of the agency's efforts to ensure safety, permanency and well-being for children and families served. The national data profile measures are all in compliance with established standards for safety. There is a marked increase in the re-entry to foster care rate for two years, FFY2015-2016. The companion measure of reunification decreased by 2.4% from FFY2015. Foster child placement stability remains relatively flat for 4 years but below the national standards. Children exiting to adoption within 24 months of entering care exceeds the national standard for the second year. The measure for foster youth aging out after 3 or more years in foster care fell 10.4% for FFY2016 and exceeds the standard for the first time in 4 years. This is within the context of a growing foster care population from May 23, 2016 to May 30, 2017 totaling 791, an increase of 59. The fastest growing segment of foster children is under age 12. The teen population percentage has decreased as the younger foster population increased. Since 3/1/2013, the 0-12 population has increased 6% and the 13+ population has decreased 6%.

DFS' quality assurance investigation case reviews indicates reviewers agree with safety assessment and planning in combined scoring 95.1%. Specific areas indicating needed improvements are documentation (SA3) and following policy for completing Child Safety Agreements (SA8).

Caseload size is a key factor in maintaining safety and achieving permanency and well-being outcomes. Delaware's caseload standards are 11 investigations and 18 treatment/permanency cases per worker. As of March 31, 2017, statewide investigation cases averaged 18.7 for fully functioning caseworkers. Treatment and permanency caseloads averaged 18.0 statewide. In the past year, 24 new positions were authorized along with 3 supervisors to address the high investigation caseloads.

III. Update to the Plan for Improvement and Progress Made to Improve Outcomes

Revision to the Plan for Improvement (2015-2019 CFSP Section V. Strategic Plan)

A revised 2015-2019 Strategic Plan, 2018 edition, will be effective July 2017, pending ACF approval. Edits include deletion of completed benchmarks, revised timeframes and new

objectives and benchmarks. The current 2017 version is used to report progress for the FFY2018 APSR. See Attachment: State of Delaware CFSP 2018 Edition Final.

Implementation Supports

Supports for the coming year include implementing a new automated data system and components of a continuous quality improvement system are distinct system CFSP objectives. The new automated information system's vendor is Deloitte Digital, providing design and implementation supports. The Capacity Building Center for States technical assistance for continuous quality assurance, slated for later in the year, builds upon quality assurance case reviews and reporting formats. Delaware is considering use of existing Center resources or request a formal assessment and plan. These system improvements strengthen the foundation for data informed practice changes, targeting areas needed improvements. Databases are in early stages for foster care psychotropic medication and academic performance. Implementation of the Delaware Learning Center improves training access, registration, tracking and reporting. See Section XIV Training Plan for updates on staff training.

Update on Progress Made to Improve Outcomes

Based on the 2012 assessment, by the Child Welfare Strategy Group, (of the Annie E. Casey Foundation), the DFS *Outcomes Matter* initiatives, Child and Family Services Review findings and evaluation of metrics, along with stakeholder comments and partner collaboration, the goals and objectives discussed below were established for 2017. There are several broad principles and priorities supported by this strategic plan. The focus on child safety is paramount at all stages of a case from prevention to permanency. Children deserve to grow up in stable, nurturing and permanent families. Family interventions should be proportionate based on risk and protective factors. Key decisions include family and youth voices. Child welfare systems are strongest when partners share common goals and resources. A skilled and experienced workforce is supported by competency based training, facilitative supervision, community-based services and technology. For this reporting period, progress and achievements are noted for each Benchmark.

A. Safety

Goal: At-risk children are safe and protected from harm

Rationale: Child safety is an agency mandate and a core component of the agency's mission. Data indicates the agency has low rates of recurring maltreatment and abuse/neglect in foster care. The agency strives to continue to protect children with an appropriate and measured response, using evidenced- based decision making tools and family engagement strategies that strengthen the capacity of families to meet their own needs.

Objective: Implement Structured Decision Making® (SDM®) across all program areas.

Rationale: SDM® implementation must be completed to ensure consistent and accurate assessment of harm and risk throughout the life of a case. SDM® tools have the highest level of validity and reliability established in the field of child welfare. The National Council on Crime and Delinquency's international evaluation found evidence SDM® lowers maltreatment and maltreatment recurrence rates, while ensuring equity in decision making.

Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Implement SDM® tools across program areas from intake to permanency. Timeframe: June 2017. Measure: Percent and number of quality assurance reviews for intake, investigation, treatment and permanency cases indicating use of SDM® tools. This benchmark is under review as DFS adopts the federal Child and Family Services Review On-Site Review Instrument.

Progress Report: Quality assurance treatment and placement case reviews remain suspended, pending the implementation of the federal OSRI as our formal treatment and permanency review tool. Delaware is in the process of submitting case reviewer information, preparing the training curriculum, and scheduling training so that this case review process can be initiated. Case review process will not only include electronic and hard copy file reviews but also interviews with parents, children, caseworkers, foster parents, and other significant stakeholders. The review process begins June 2017. The OSRI does not include questions regarding the use of the SDM® tools and, therefore, will not be specifically evaluated during case reviews. However, performance assessed during OSRI reviews are SDM® based and reflected in applicable items. Delaware also hopes to add an addendum to the case review in the future to include SDM® and SOP specific questions. Of the investigation case reviews for CY2016, 100% of 99 reviews reflected the use of SDM® safety and risk assessments.

On April 4, 2016 all of the SDM® instruments to be used by treatment and permanency were added to the FACTS I information system. This included the Family Strengths and Needs Guide (FSNG), Child Strengths and Needs Guide (CSNG), Family Service Plan, Family Service Plan Review/ Approval, Safety Agreement Review, Risk Reassessment, Reunification Reassessment, Reunification Reassessment Safety. In addition, changes in name and content were made to the following: 5-day plan (old PCIC II), Child Plan (old PCIC III), Child Plan Review (old PCIC IV). Prior to launch, training was completed in all regional offices with all treatment and permanency staff. The National Council on Crime and Delinquency's Children's Research Center (CRC) returned April 26-28, 2016 to provide additional coaching for staff.

The CRC conducted two case readings to ensure fidelity to the tools:

- April 6-8, 2016 - this case reading focused on Safety Planning
- May 10-11, 2016 – this case reading focused on safety planning and completion to the FSNG/CSNG and Family Service Plans

Some of the findings from the April 2016 case reading found the following:

- 96% of the safety assessments were completed in a timely manner
- 88% of the final safety decisions were correct according to policy
- 80% of the narratives supported the safety decision

The CRC Case Reading did highlight that DFS needs to continue working with caseworkers to write narrative supportive of their scores on both the Family Strengths and Needs Guide and the Child Strengths and Needs Guide. DFS continued to partner with the CRC thru September 2016 to provide staff with training regarding conducting family team meetings.

Findings from the May case reading are as follows:

Table 1 Case Review Findings for Investigation Safety Assessments (N = 19)						
Areas	Yes		No		N/A	
	N	%	N	%	N	%
Completed on time	16	84%	3	16%	0	0%
Appropriate Household	19	100%	0	0%	0	0%
Narrative supports safety threats marked/not marked	16	84%	3	16%	0	0%
Narrative supports protective capacities marked/not marked	7	37%	2	11%	10	53%
Narrative supports interventions marked/not marked	7	37%	2	11%	10	53%
Findings correct	17	89%	2	11%	0	0%
Child safety agreement completed	7	37%	2	11%	10	53%

Table 2 Safety and Risk Level Case Review Findings (N = 19)		
Safety Decision	N	%
Safe	12	63%
Safe with agreement	7	37%
Unsafe	0	0%
Risk Level	N	%
Low	0	0%
Moderate	3	16%
High	10	53%
Very High	6	32%

Table 3 FSNG Case Review Findings (N = 25)						
Areas	Yes		No		N/A	
	N	%	N	%	N	%
Completed on time	25	100%	0	0%	0	0%
Household context section completed for caregivers	18	72%	7	28%	0	0%
Household context section completed for children	19	76%	6	24%	0	0%
Completed on appropriate caregivers and children	23	92%	2	8%	0	0%

Domain ratings for caregivers supported by assessment narrative	3	12%	22	88%	0	0%
Domain ratings for children supported by assessment narrative	3	12%	22	88%	0	0%
Revised risk statement completed correctly	3	12%	22	88%	0	0%
Family service plan reflects appropriately identified caregiver strengths and needs	2	8%	1	4%	22	88%
Family service plan reflects appropriately identified child strengths and needs	2	8%	1	4%	22	88%

(Results of May 2016 Case Reading memo, SDM® Safety Assessment Case Reading)

Due to the small sample size and inclusion of only about a month of new FACTS tools, these results are believed to be suppressed. Beginning June 1, 2017, DFS adopts the federal OSRI as its formal treatment (in-home) and foster care (permanency) case review tool. Cases are randomly assigned to supervisors and administrators for review. While the application of SDM® tools is not specifically measured via the OSRI, performance measures for safety, permanency and well-being items should reflect positive application of the tools.

2. Use a continuous quality improvement (CQI) framework to monitor and guide implementation of SDM® practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Continue to review performance. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM® data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: Documentation of CQI policy and procedure continues to be in development. DFS has integrated all the SDM® tools into the current Statewide Automated Child Welfare Information System (SACWIS) or FACTS, and has included them into the build of the new SACWIS system, FOCUS. DFS will also be adopting the federal CFRS OSRI for quality assurance case reviews. With these new systems in place, DFS will be better positioned to define the components of the CQI system between September 2017 and September 2019.

3. Until a more comprehensive CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SDM® data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The Program Manager for Intake and Investigation continued her monthly participation on the CAN (Child Abuse and Neglect) Panel. The Panel was

previously managed by the Child Death Commission (formerly known as the Child Death Near Death Stillbirth Commission) and, by statute, transferred to the Office of the Child Advocate (OCA) in September 2016. The CAN Panel makes findings that are forwarded to the quarterly CAN Steering Committee for approval and development of recommendations based on the Panel's findings. A summary of the work of these two groups is discussed in the Child Protection Accountability Commission's (CPAC) State Fiscal Year 2016 Annual Report located online at <http://courts.delaware.gov/forms/download.aspx?id=90818> (Pages 6 and 7). CAN Panel findings and near death reports are also located on the OCA website at http://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx. CPAC and the Child Death Commission hold a joint annual retreat that facilitated by an individual with expertise to monitor the prior year's findings, recommendations, and plans.

See Benchmark 1. for SDM[®] case review results.

Objective: Implement Safety-Organized Practice (SOP) across all program areas.

Rationale: Family engagement strategies embedded in a comprehensive practice model are best practice in child welfare. SOP is a practice model that integrates the rigorous safety and risk assessments from SDM[®] into a comprehensive approach to family engagement across the lifespan of a case. SOP uses strengths-based and child-centered principles in a series of family engagement activities that support comprehensive assessment and planning. This objective completes training sessions already in progress. Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Implement supervisor Learning Circles. Timeframe: June 2017. Measure: Documentation of supervisor Learning Circle sessions.

Progress Report: DFS has determined that we are not prepared to launch supervisor Learning Circles. DFS has experienced an increased number of new supervisors in the regions due to internal movement and promotion. DFS would like to support their development by providing them with supervisory training specific to child welfare. That training is being developed in coordination with our Center for Professional Development with the plan to provide this training to all DFS supervisors starting with new supervisors by April 2018. This benchmark is removed from the CFSP 2018 version. Supervisor professional development is addressed in the CFSR PIP, Strategy 17: Develop, implement and maintain a child welfare specific professional development series for supervisors through the use of DSCYF Center for Professional Development utilizing the Delaware Learning Center features and functions for registration, tracking and evaluation.

2. Fully implement Consultation and Information Sharing Framework for group supervision. Timeframe: March 2016. Measure: Percent of case reviews with documented Framework utilization.

Progress Report: Beginning December 6, 2016, Statewide Regional and Central Office Administrators from all program areas began RED (Review, Evaluate, Direct/Decide) Teams on a daily basis to review all SDM[®] hotline reports classified as "risk of" to determine whether they should be screened out. Each RED Team consists of three

administrators. Framework elements are utilized to guide and document the discussion. There were 495 reports reviewed from December 6 through March 30, 2017. Of those, 246 were screened out (49.6%). Substance abuse and domestic violence were prevalent in most of the cases. DFS plans to contact the NCCD's Children's Research Center to refine the "risk of" definitions.

The Framework process is required for two conditions. The first condition is when there is an active safety agreement and the plan is to transfer the case during Investigation or Treatment. The second condition is when the Investigation Risk Assessment score is very high and staff want to close the case. The Framework is utilized for other reasons on a case-by-case basis.

Each regional office is now conducting Framework meetings on cases transferred from investigation to treatment with either a safety plan in place or a high SDM[®] risk score at the conclusion of the investigation. "Pop-up Frameworks" can be requested by any worker or supervisor that would like guidance on complex cases. Pop-up Framework meetings are typically requested by treatment workers and supervisors. Information for each domain of the Framework is then typed up and entered into a FACTS note. DFS does not currently gather data regarding the number of Frameworks held each month. Contracted Children & Families First (CFF) FAIR conducts group supervision when faced with a challenging case.

Measurement of cases using the Framework is unavailable in FACTS. FOCUS design may allow counting of Frameworks in case activity. Timeframe for this benchmark is adjusted to June 2018.

3. Use a continuous quality improvement framework to monitor and guide implementation of Safety-Organized Practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. FOCUS design will measure elements of Safety Organized Practice. For example, specific consultation and information sharing framework and family team meeting activities have been built and the utilization of these tools will be able to be better tracked upon FOCUS implementation. Data is currently captured on Team Decision Making and used to inform practice and policy when reviewed at quarterly TDM workgroups. The current investigation QA tool measures use of SOP family engagement techniques.

4. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of SOP data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: CRC conducted an Outcomes Matter Process Evaluation and issued a report in July 2016. The purpose of the evaluation was to determine the extent the new initiatives influenced family engagement and practice. Four separate surveys were created in Survey Monkey targeting DFS staff, families, caregivers, and community partners. Unfortunately, the responses from families and caregivers was low. The results indicated that the impact of Outcomes Matter was incomplete and continued implementation support through internal training and coaching support was recommended.

DFS implemented the federal OSRI June 2017 to conduct monthly CQI case reviews. Every month 30 cases are randomly selected for review – 15 investigation cases and 15 treatment/permanency cases. Reviewers are investigation, treatment and permanency supervisors, administrators and Office of Case Management case review specialists. Preliminary data will be available as cases are completed in OMS.

Objective: Implement a Differential Response System for at-risk children and families.

Rationale: Based on CAPTA requirement, agency is building capacity to respond to reports of abuse and neglect proportionally according to presenting allegations. Delaware exceeded the national average in the percentage of teens in foster care (e.g., in 2012, national average was 38%, yet DE had 48%. Additionally, 79% of these teens were entering foster care for the first time as teens). Outcome: Lower rates of child maltreatment and maltreatment recurrence.

Benchmarks:

1. Develop, implement, and expand a differential response within DFS using Family Assessment and Intervention Response (FAIR) to accepted reports of child abuse and neglect. Timeframe: June 2017. Measure: Number and percent of accepted reports of abuse and neglect receiving FAIR response.

Progress Report: This benchmark stays the same; the timeframe is adjusted to launch internal FAIR expansion by the end of CY2017. During 2016 and early 2017 DFS has continued to use several practice tools in developing and deepening the infrastructure that would be needed to support expansion of internal FAIR. This includes conducting more RED (Review, Evaluate and Decide) teams that review hotline reports to determine pathway. Indications are made within the disposition related to eligibility for FAIR if we had FAIR for additional populations/case criteria. DFS also expanded the use of Group Supervision and use of the Information Gathering and Consultation Framework tool. These are both tools used in a FAIR model. The operations management team has continued to explore statistical reports related to the number of cases received in investigation, existing Internal FAIR and external FAIR to watch for patterns and trends related to assignments within those case types. DFS will reinstitute the Internal FAIR workgroup in July 2017 to revisit and redesign an implementation plan for internal FAIR expansion with the goal of expanding FAIR by the end of 2017. This benchmark's timeframe is revised to June 2018.

2. Continue the contracted community-based FAIR Program to prevent unnecessary entries of teens into foster care statewide. Timeframe: Ongoing to September 2019. Measure: Number and percent of children and youth receiving community-based FAIR and entering foster care.

Progress Report: During CY2016, the contracted community-based FAIR program assessed 399 families. The total number of youth who entered out-of-home care was 21 (5.26%) of the assessed families.

3. Use a continuous quality improvement framework to monitor and guide implementation of differential response by reviewing DFS data, Quality Assurance case review reports and contractual performance measures with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of FAIR data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending; however, data continues to be captured on internal FAIR cases. These reports are reviewed at FAIR workgroups and inform improved practice and procedures.

4. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contract performance data and feedback from DFS staff, trainers and system partners to monitor implementation. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of FAIR data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Weekly assignment of internal FAIR cases in New Castle County is captured on internal weekly reports and reviewed by operations administration staff. These numbers have been considered carefully by the regions who do not have FAIR in helping to determine and anticipate what a FAIR caseload and assignment rate might be and has influenced staffing considerations for expansion. Contracted community-based FAIR has extensive process and impact outcome measures for returned cases, contact timeliness, assessment timeliness, service type, and program completion rates. Outcome measures are an agenda item at every joint meeting. Since the last Child and Family Services Plan update, meetings were held on July 25, October 24, and December 13, 2016 and April 18, 2017. Meeting minutes are available upon request.

The complete outcome measure reports for each year are available upon request. The Contractor began receiving cases on March 4, 2013. The following are selected process outcome measures by calendar years. The goal is 100% for these measures.

Timeliness of Initial Contact and Assessment	2013	2014	2015	2016
Percent of families contacted within 24 hours	96%	96%	93%	95.3%
Percent of SDM® Safety Assessments completed during first in-person meeting	91%	91.1%	96.3%	98.6%
Percent of CAFAS completed within 10 days	96%	95.1%	96.5%	96.7%
Percent of SDM® Risk Assessments completed within 21 days	97%	95.5%	98.9%	87.7%

In addition to the impact outcome measure regarding the number of youth entering care that had current or prior activity with FAIR, DFS also counts the number of FAIR cases that required an

investigation and resulted in a finding of maltreatment. For CY016, there were 31 substantiated reports or 8.5% of the total number of cases (361) served.

Objective: Fully implement Considered Removal Team Decision Making (TDM) model for at-risk children and families to strengthen safety assessment and planning for children at-risk of entry into foster care.

Rationale: Based on AECF assessment findings and early success, agency will continue to expand use of TDM model to prevent placement and support key decisions through family engagement.

Outcome: Lower rates of child maltreatment and maltreatment recurrence. Increased rate of safely diverted foster care entries.

Benchmarks:

1. Continue Considered Removal TDM meetings for DFS custody decisions; strengthen practice of using TDM prior to removal in non-emergency situations. Timeframe: Ongoing to September 2019. Measure: Number and percent of TDM meetings occurring before and after foster care entry.

Progress Report: One of the most impactful family engagement strategies implemented by DFS to ensure children are safely cared for within their own family and in the community has been Team Decision Making meetings (TDM). These facilitated meetings are mandated during investigation, treatment or FAIR, for children at risk of removal or within 48 hours after entering DFS custody. When appropriate, the domestic violence and substance abuse liaisons participate in TDM meetings. In SFY2017 (YTD March), 45.1% of all TDMs were held prior to removal. Investigation staff were responsible for 73.5% of the referrals and treatment staff were responsible for 26.5% of the referrals.

2. Consider TDM at other key case decision points involving placement changes. Timeframe: June 2017. Measure: Documentation of discussion and decisions for using TDM at replacement.

Progress Report: DFS is not considering formalizing TDMs at other key case decision points. However, policy allows additional TDMs if there is a new report and the family circumstances have changed. Workers have been encouraged to conduct family team meetings at critical decision points in a case; a family engagement CFSR PIP strategy is to develop and train staff on family teaming across all program areas. This benchmark is completed.

3. DFS to continue to gather data on timing, attendees, decisions and outcomes of TDM meetings. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing to September 2019. Measure: Issuance of reports on timing, attendance, decisions and outcomes of TDM meetings.

Progress Report: The DFS Data Unit continues to produce monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMs occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. At the conclusion of the TDM meetings, the facilitators provide

attendees with Participant Feedback Surveys. In SFY2016, mothers attended 80% of all TDM meetings, fathers attended 57% of the meetings, and youth attended 78% of the meetings. In 52% of the TDMs, it was recommended that DFS retain or petition for custody.

4. Use a continuous quality improvement framework to monitor and guide implementation of TDM by reviewing DFS data, Quality Assurance case review reports and participant surveys with DFS staff and system partners. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of TDM data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. DFS will begin conducting monthly CQI reviews June 2017. One of the items that reviewers will be considering is whether DFS made reasonable efforts to prevent children from entering foster care. Conducting a TDM meeting is considered a reasonable effort. Additionally, the TDM referral and summary report will have been programmed into the FOCUS system that will launch later in 2017.

Objective: Continue to enhance the knowledge and skill of child welfare staff involved in investigation and treatment of child maltreatment.

Rationale: Training is a vital component of the agency's infrastructure to strengthen professional competencies to protect children and support families. Community professionals, DFS staff and the Child Protection Accountability Commission (CPAC) support continuing training activities.

Outcome: A skilled and competent child welfare system workforce.

Benchmarks:

1. Participate in Multi-Disciplinary Teams through the Children's Advocacy Center, promoting collaboration of child welfare, law enforcement, criminal justice, mental health and medical professionals. Timeframe: Ongoing to September 2019. Measure: Data reports on use of Multi-Disciplinary Teams at the Children's Advocacy Center.

Progress Report: The Children's Advocacy Center conducted 1536 forensic child interviews during state fiscal year 2016 and 609 interviews in FY2017 through March 31, 2016. Of the 609 interviews, 61% were for sexual abuse, 27% physical abuse, 7% witness interviews and 5% other. Gender statistics are 56% female and 44% male. DFS is a major referral source for CAC services.

2. Support the education of Multi-Disciplinary Team members through joint training programs such as the Protecting Delaware's Children Conferences, National Conferences on Abuse Head Trauma and related opportunities. Timeframe: Ongoing to September 2019. Measure: Documentation of training events attended by Multi-Disciplinary Team members.

Progress Report: DFS sent our two statewide Institutional Abuse Investigators to the National Children's Advocacy Center in Huntsville, Alabama in October 2016 for training about "Interviewing Child Victims with Disabilities". The Christiana Care Child Abuse Prevention Committee sponsored a second training symposium on February 17, 2017. The Program Manager for Intake and Investigation is an original member of the

Committee and she attended the symposium about “Toxic Stress in Children.” The morning began with Stephanie Deutsch, MD who is a pediatrician specializing in child abuse prevention and treatment and Co-Director of the Children at Risk Evaluation (CARE) Program at AI DuPont Hospital explaining what is toxic stress. Next, Allan DeJong, MD, also of AI DuPont Hospital, discussed the physiologic, pathologic, and neurological effects of toxic stress. Marjorie Sims, the Managing Director of Ascend at the Aspen Institute, discussed a two-generation approach to intervention. The final two speakers were Leslie Newman, CEO of CFF who reviewed current child welfare progress in Delaware and Patricia Dailey Lewis, Executive Director of The Beau Biden Foundation for the Protection of Children who discussed the Foundation’s current areas of emphasis such as the goal of training 35,000 people in Delaware about the Stewards of Children® Program.

At the request of the Corporate Director of Social Work for Christiana Care, the Program Manager for Intake and Investigation conducted mandatory reporter training at Wilmington Hospital for eleven staff on the morning of March 30, 2017. That same afternoon she conducted the same training at Christiana Hospital for thirty staff. In addition to management, the staff included case managers and social workers.

The Program Manager for Intake and Investigation joined the CPAC Executive Director, Tania Culley, and the CAN Panel Director, Rosalie Morales, at the 16th National Citizen Review Panel Conference in Anchorage, Alaska on May 10-12, 2017 to do a panel presentation called “From Review to Action: How Delaware has improved the State’s child protection system through the review of individual cases.” The Panel will discuss the transformation of the CAN Panel reviews since moving from the Child Death Commission to CPAC.

On June 8, 2017, Shelley Yingling, Statewide Services Administrator, and Linda Shannon, Program Manager for Intake and Investigation, provided “Report Line and After-Hours Refresher” training. The first training occurred at the NCCPD Report Line office and the second training occurred that evening at the Milford Riverwalk location for a total of 4 supervisors and 22 staff on the day and second shifts plus weekend/holiday. The PowerPoint training consisted of four parts: 1) The report, 2) Documentation, 3) Reminders, and 4) What is pending? Each of the training sessions lasted two hours with much discussion throughout. The last Report Line refresher was given by Linda and Sue Radecki in 2009 and much has changed in the interim.

Delaware’s Multi-Disciplinary Team Training Data for April 2016 to April 2017 is recorded in the following table:

MDT Training	Date	# of Attendees
33 rd International Symposium on Child Abuse	March 27-30, 2017	4
20 th OCAN National Conference on Child Abuse and Neglect	September 25-27, 2016	5
Protecting Delaware’s Children Conference	April 25-26, 2017	453
30 th San Diego International Conference on Child and Family Maltreatment	January 31-February 2, 2017	3

The Mandatory Reporting Workgroup under CPAC's Training Committee updated its mandatory reporting training programs for educators, general community, professional audiences, and medical professionals. In December 2014, CPAC partnered with the Medical Society of Delaware to revise the medical training and to obtain approval for CME credit. Both onsite and web-based formats are available for each training program; all web-based training is accessed through OCA's online training system at <http://ocade.server.tracorp.com/>. For public schools, the Department of Education's Blackboard course management system hosts the web-based training for educators. Additionally, staff from DSCYF, Department of Justice (DOJ), and OCA conducted onsite training sessions for educators and general professional audiences.

For the general training, 688 participants attended onsite training sessions and 290 participants completed the OCA's online training. For the educator training, onsite training sessions were provided to 907 participants, and 7,711 participants completed the web-based training through the Department of Education's Blackboard course management system. In addition, 116 participants completed the web-based training on OCA's online training system. For the medical training, onsite training sessions were provided to 41 participants and 4,766 participants completed the training online via OCA's online training system.

3. Participate in the Joint Investigation Committee of the Child Protection Accountability Commission, which researches and implements best practices in investigation of child maltreatment. Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: The CPAC Child Abuse and Neglect (CAN) Best Practices Workgroup continued to meet during 2016 through February 2017 on the fourth revision of the Memorandum of Understanding (MOU) with DSCYF, Delaware Police Department, DOJ, and Children's Advocacy Center. The updated Memorandum will also include the Division of Forensic Science (formerly the Medical Examiner's Office), Office of the Investigation Coordinator, and hospitals. The sections of the MOU include: physical injury, serious physical injury, child death, child sexual abuse, child neglect, and juvenile trafficking. The MOU is expected to be signed in 2017 and put online at the OCA CPAC website. Each section will contain complete information about reporting, etc. so the first responders will not have to search through the entire document. A chart for assessing the presence of torture and a medical examination protocol were also developed for the MOU. Revisions to Title 16 of the Delaware Code were drafted to coincide with the changes to the MOU. Committee meeting minutes are available here: <https://publicmeetings.delaware.gov/Search?AgencyID=4>

In conjunction with the revised MOU, the first day of the two day annual Protecting Delaware's Children Conference held on April 25 and 26, 2017 offered an invitation only advanced training course for professionals involved in the investigation and prosecution of child abuse in Delaware. The morning session provided an overview of the revised MOU and the afternoon session focused on how to investigate sudden unexpected infant deaths (SUIDs). In-depth MOU training will be delivered to the signatory agencies this summer. The second day of the conference, with open registration, focused on opiate abuse, sex offenders, and many other relevant topics.

The correct name of this committee is CPAC Training Committee – Child Abuse and Neglect (CAN) Best Practices Workgroup and is edited for the CFSP 2018 version.

4. Participate in the Statewide Neonatal Abstinence Syndrome workgroup of the DE Health Mothers and Infants Consortium to address the needs of drug exposed infants.
Timeframe: Ongoing to September 2019. Measure: Committee meeting minutes.

Progress Report: The CPAC Substance-Exposed Infants (SEI) sub-committee was developed as an extension of the group that was primarily comprised of hospital staff that previously existed to discuss the needs of substance-exposed infants. This group focused on the creation and monitoring of the High Risk Discharge protocol that was implemented between DFS and the hospitals. The CPAC SEI sub-committee has expanded that work and is currently working on the development of the Plan of Safe Care as required by changes made to CAPTA after the passing of the Comprehensive Addiction and Recovery Act (CARA) in 2016. This sub-committee, which is co-chaired by Jennifer Donahue, the Investigation Coordinator for the state, and Dr. Allan DeJong, M.D., of Nemours Alfred I. duPont Hospital for Children, is comprised of members of the medical community, DFS, OCA, Department of Education (DOE), Division of Substance Abuse and Mental Health (DSAMH) and their contracted providers, and the Department of Health and Social Services (DHSS). The CPAC SEI sub-committee is sponsoring state legislation, HB 140, also known as Aiden’s Law. This legislation will provide reporting guidelines for health care providers similar to what is provided through CARA. Additionally, the legislation is designed to de-stigmatize the process of becoming involved with child welfare due to the birth of an infant with prenatal substance exposure. A core group of members of the CPAC SEI sub-committee have also been receiving In-Depth Technical Assistance (IDTA) through a Federal program that is administered through the National Center of Substance Abuse and Child Welfare. This IDTA program is intended to provide assistance over 2 years to help Delaware develop strategies to combat the nationwide opioid epidemic. The core group has created a four point statewide action plan that is designed to recommend universal screening of pregnant women for early identification of substance use so that women and their families may be linked to appropriate services, including treatment, prenatal care, home visiting and other supports as needed; build a system of care and provide educational resources so that medical providers, including obstetricians/gynecologists, birth hospitals, treatment providers and social services agencies have the tools they need to help pregnant women in the prevention, recognition, and treatment of substance use disorders and related services for affected children and families; implement a universal statewide protocol for the preparation and monitoring of Plans of Safe Care for infants with prenatal exposure and their affected families; and maintain an awareness of the effects of stigma in discouraging pregnant women from treatment or prenatal care, as well as the importance of non-judgmental medical provider support so that women feel safe in discussing substance use or abuse. This benchmark is edited changing the workgroup to the CPAC SEI sub-committee for the 2018 edition.

5. Continue collaboration with system partners, especially providers of services related to domestic violence and substance abuse (e.g. Division of Substance Abuse and Mental Health, Domestic Violence Coordinating Council, Children’s Advocacy Center, Brandywine Counseling, Psychotherapeutic Services Inc., Child Inc., People’s Place II) to promote comprehensive assessment of families’ needs and integrated service planning.

Activities include co-location of staff, multidisciplinary interviewing, community training and interagency agreements. Timeframe: Ongoing to September 2019. Measure: Documentation of collaborative efforts such as meeting minutes, collocation of staff, contracts, Memoranda of Agreement and training events.

Progress Report: Four domestic violence liaisons that work with adult victims continue funding by federal grants (e.g., Victims of Crime Act) to private agencies. The liaisons are collocated in the four regional offices (two in New Castle County at Beech Street and University Plaza, one in Kent County, and one in Sussex County). The New Castle liaisons are employed by Child, Inc. and the Kent and Sussex liaisons are employed by Peoples Place II. Meetings are held quarterly and since the last progress report meetings were held on July 20, 2016, October 19, 2016, January 18, 2017 and April 19, 2017. During CY2016, the DV liaison in Region I (Beech Street) met with 37 adult victims. This number is about half of those served previously because the liaison was out sick for the entire first quarter and because there was a period of one month at the end of the year where the position was vacant. The new liaison started at Beech Street in October 2016. The DV liaison in Region II (University Plaza) celebrated her twelfth anniversary as a liaison in 2016 and met with 97 adult victims. The Kent County liaison served 86 adult victims and Sussex 42 adult victims. The total number of statewide adult victims served was 262.

The Air Force is required to review and update MOUs with child welfare agencies every two years. The MOU with Dover Air Force Base was updated this year and is currently under review by the DSCYF Deputy Attorney General.

DFS administrators have continued to attend routine meetings with three statewide hospitals (Christiana Care, Bayhealth – Kent General and Milford and Beebe) since the last Child and Family Services Plan update. Meetings with other hospitals occur on an as needed basis or by request. For example, a Report Line supervisor and the Program Manager for Intake and Investigation met with staff at Nemours Alfred I. DuPont Hospital for Children on May 4, 2017.

DFS continues to have substance abuse liaisons (SAL) co-located with DFS staff in our four regional locations. For SFY2017, the SALs worked with 718 families statewide. Of those 718 families, 29% had children placed in foster care. Domestic violence was an issue for 26% of those families and 57% of the families had additional mental health issues. In June 2015, DFS implemented expedited referrals for drug-exposed newborns. Under this initiative, when a mother delivers a baby and either the mother or the baby test positive for illegal drugs, an expedited referral is completed by the DFS caseworker and submitted to the SAL. The SAL then tries to meet with the mother at the hospital prior to discharge, with or without the assigned DFS caseworker. If the mother is not already engaged in a treatment program, the SAL connects the mother with a community-based program so that she can begin treatment as soon as she is discharged from the hospital. From July 2016 thru February 2017, the SALs received 61 expedited referrals. They were able to make contact at the hospital prior to discharge with 28 mothers (46%). In addition to working with families, the SALs also conduct the portion of the DFS new worker training related to substance abuse. See benchmark 4 for progress reporting on substance-exposed infants.

6. Monitor effectiveness of child welfare training with participant evaluations. Use existing DFS leadership to monitor DFS training and CPAC Training Committee meetings to evaluate child welfare system curriculum development and topics. Timeframe: Ongoing to September 2019. Measure: Trainee surveys and evaluations.

Progress Report: In July 2015, Center for Professional Development (CPD) began using a new learning management system platform, called the Delaware Learning Center (DLC). One benefit of the DLC is the automation of the evaluation process, negating the need for hard copy forms. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. The course evaluations are optional at this time.

The online course evaluations rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair or Poor. Also included in the evaluations are open-ended questions under each category, requesting ideas on improvements. Relevant themes are developed regarding the trainee's perception of effectiveness of training content, process, relevance to their job, and trainer performance. The evaluations are reviewed following the training and are used to inform training content, learning strategies, trainer competence, and delivery. Participants rate the content for its direct applicability to their job and if their knowledge and skill level increased by the end of the training. The raw course evaluation data from 88 new employee sessions facilitated in FY2017 indicates an average score falling between the "good" and "very good" range.

In June 2016, CPD added online DFS New Employee Midpoint and System evaluations to the DLC. The Midpoint evaluation is administered at the end of the 2nd month of training and includes a follow-up Quality Check-In meeting between CPD and new hires. The System evaluation is administered upon completion of the New Hire Curriculum (4th month). These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires' experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends. CPD provides the supervisors and administrators with updates on trends and information gathered from the Midpoint and System evaluations, as well as the Quality Check-In meetings.

Mandatory reporter training is statutorily mandated for school teachers each year and physicians to be relicensed. Training is available onsite or onsite by request. From April 2016 to April 2017, the total number of individuals trained are as follows:

Training Type	Onsite	Online DOE	Online OCA	
General	688		290	
Medical	41		4,766	
School	907	7,711	116	
Totals	1,636	7,711	5,172	14,519

Objective: Establish policy and provisions to identify, document and serve foster children who also may be victims of sex trafficking.

Rationale: Children and youth in foster care, especially those who runaway, are especially vulnerable to exploitation and minor sex trafficking. The new federal Preventing Sex Trafficking and Strengthening Families Act requires attention to this special population.

Outcome: Delaware victims of sex trafficking are protected from further exploitation and abuse.

Benchmarks:

1. Incorporate sex trafficking policy into new employee training. Train DFS staff statewide on sex trafficking policy. Timeframe: December 2016.

Progress Report: DFS staff and provider agencies received training on identifying Human Trafficking on June 2, 2016, September 8, 2016, and September 23, 2016. Additionally, DFS staff received training on the DFS Human Trafficking Policy on September 8, 2016 and September 23, 2016. An overview of the Sex Trafficking policy was added to the new hire training, effective February 2017. This benchmark is complete.

2. Collaborate with law enforcement agencies and Department of Justice to implement protocols to report missing children to law enforcement and entry into the National Crime Information Center. Timeframe: September 2016. Measure: Documentation of reporting missing children to law enforcement for entry into the National Crime Information Center.

Progress Report: Missing foster children are tracked and reported monthly. One hundred percent of missing children are listed as reported to law enforcement. DFS' special investigators are alerted to assist in locating and returning them to foster care settings. With increased focus on identification of sex trafficking victims, the timeframe for this benchmark adjusted to ongoing to September 2019.

Safety Measures:

1. Quality Assurance: Measurement for child safety is a composite of questions in investigation and treatment assessing safety in the child's residence. Goal is 100% will be assessed as safe.

Performance: For CY2016, 99 investigation QA case reviews were completed. Safety performance is measured against 9 questions addressed in the statewide review

instrument. Questions address assessing the correct household, children subject to assessment, and if safety outcomes are appropriately identified and supported. For this period, the composite outcome was 95.1%. The core safety question asks if the final safety determination was appropriate for all children in the household. The reported performance outcome was that 98% of the cases have appropriate safety determinations.

2. National Standard: Absence of maltreatment recurrence. Goal is 94.6% or higher.

Performance: For FFY2016, DE performance was 97.5% for this measure.

3. National Standard: Absence of maltreatment in foster care. Goal is 99.68% or higher.

Performance: For FFY2016, DE performance was 100% for this measure.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

B. Permanency

Goal: Children maintain or achieve timely permanency

Rationale: Every child deserves to grow up in a stable, nurturing permanent home. Data for timely permanency goal achievement are mixed.

Objective: Implement family search and engagement practice.

Rationale: AECF assessment and Outcomes Matter initiative identify family engagement strategies and tools vital to timely permanency outcomes such as family preservation, reunification and other permanency outcomes. System data on reunification within 12 months from the most recent removal from home indicates an area needing improvement. Community professionals and caseworkers agree the 2015-2019 CFSP should include strategies to improve timely permanency.

Outcome: Children remain safely in their own homes and exit to timely permanency when in foster care.

Benchmarks:

1. Fully implement statewide strategies, tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family connections and placement options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. CRC to provide technical assistance with family team meeting training. Timeframe: December 2016. Measure: Percent of initial and current relative foster care placements per the Entry Cohort Longitudinal Database (ECLD).

Progress Report: TDM meetings require workers to invite maternal and paternal extended family whenever feasible. For the period July 1, 2016 to February 28, 2017, mothers attended 78% of all TDM meetings, fathers attended 44% of the meetings, and youth attended 58% of the meetings. Relatives and informal support persons attended 73% of the meetings. Because maternal and paternal relatives attend TDM meetings, it provides DFS with a much larger pool of resources for placement and support.

DFS continues a contract with CFF to provide Family Finding and Outreach, a family search and engagement (FSE) service to locate and engage family members of foster children. The contract also includes 'Family Outreach'. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). During this reporting period from 4/1/16 through 3/31/17, 8 children were referred to CFF for family search and engagement services. Two of those 8 children are living with a relative and 6 of the children are still residing with the resource parents or in a residential treatment program when CFF started FSE services. For the two children living with relatives, one child aged out and continued to reside with a grandparent and the other relative received legal guardianship of that child. Since the FSE program started in 2013, 46 children received FSE services. Eleven children developed new connections and 21 children reconnected with relatives and non-relatives. For the children referred for FSE services, 70% developed a connection with a relative or non-relative who may be a resource for that child.

As evidence of agency efforts to locate and secure relative placement options for at-risk children and youth, as of December 31, 2016, there were 67 children in DFS custody residing with kinship families.

Children's Research Center is no longer under contract for technical assistance. This activity is removed from the CFSP 2018 version.

Family team meeting policy and guidelines have not been implemented statewide. This is a CFSR PIP activity under Strategy 3. Timeframe is adjusted to December 2017.

2. Use a continuous quality improvement framework to monitor and guide implementation of family search and engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SDM® data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending.

3. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of family search and engagement processes and outcomes. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMS occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. For the period July 1, 2016 to February 28, 2017, mothers

attended 78% of all TDM meetings, fathers attended 44% of the meetings, and youth attended 58% of the meetings. Relatives and informal support persons attended 73% of the meetings.

Objective: Improve foster care placement stability and support adoptive families.

Rationale: Placement stability data indicates an area needing improvement. Early data indicators of *Outcomes Matter* show promising outcomes for early foster care episode placements. DFS, its sister Divisions of Prevention and Behavioral Health Services and Youth Rehabilitative Services are collaborating to expand community-based services for teens. Recent data on children exiting to adoption within 24 months is the best on record; the agency wants to continue timely adoptions.

Outcome: Foster children have lower rates of replacement.

Benchmarks:

1. Recruit in-state foster homes to meet the needs of minorities, teens, siblings groups and children with special needs. Timeframe: Ongoing to September 2019. Measure: Annual number of new foster parents serving minorities, teens, siblings groups and children with special needs.

Progress Report: Delaware recruitment efforts target communities where the children reside and to match race and ethnicity of those communities. In 2016 the statewide recruiter withdrew from her contract; in April 2016 and a new recruiter was contracted October 2016. The transition was a natural point to evaluate recruitment strategies. Local coordinators are utilized for recruitment activities in their local areas. Interviews indicate the state continuously adjusts its recruitment plans using monthly reports of demographics and successfully uses partnerships with faith-based organizations and community groups. The state, through specific recruitment efforts seeks foster homes for the targeted population of older youth, siblings groups, and children with special needs. DE also recruits general foster homes, grooming them for expanding their preference to include our targeted population. During CY2016 35 foster homes were approved, many were able to take infants with special needs which has been a growing population this past year.

2. Implement a statewide foster parent recruitment plan. Timeframe: Ongoing to September 2019. Measure: Issuance of plan and annual reporting of progress towards goals and objectives.

Progress Report: The DFS foster care recruitment plan issued in 2016, is updated annually and continues to be utilized. The Division contracted a new statewide recruiter in October of 2016, who helped with the implementation and reporting for the recruitment plan. The recruiter as the lead on all recruitment efforts, worked along with the local foster home coordinators and PCAD trainers to track foster parent inquiries, provide information, encourage attendance to information sessions and maintain contact with families through the training and approval process. A new database maintained at the state office tracks all initial inquiries from first contact through final approval. This allows for greater personal connections with potential foster parents and helps the recruiter see where processes should be adjusted. All marketing materials are rebranded with a uniform look and feel; the recruitment PowerPoint presentation, the marketing brochure, and information packet have all been updated and present a cohesive message.

DFS utilizes foster parents in recruitment activities. Partnering with general population continues to be developed with the faith-based communities and by joining community groups such as the Georgetown and Milford Chambers of Commerce. The recruiter has broadened the reach of DFS into the community. At all presentation and recruitment events the needs of our target populations are expressly stated. The DFS website now has a registration portal for “Information Sessions”. This portal captures all inquiries. This allows foster parents applicants to self-register eliminating delays. All inquiries receive confirmation emails for the next information session along with the information packet attached. In addition our recruiter goes to on average 3 marketing events a week.

3. Continue post-adoption services to strengthen bonding and prevent disruptions. Timeframe: Ongoing to September 2019. Measure: Number and percentage of adopted children re-entering foster care.

Progress Report: DFS continues a contract with A Better Chance for Our Children (ABCFOC) to provide post-adoption and permanent guardianship services for children in foster care. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. The topics included Love and Logic Classes, Lying and Stealing Workshop both up state and downstate, Understanding the Importance of Birth Parents, Bonding workshops, Parenting Children who have been Traumatized, Diverse Family Group Celebration of Black American Heroes, Diverse Family Group presentation on Culture and Ethnicity, and a number of trainings on MY LIFE to the CASA’s, DFS caseworkers and supervisors, and community agencies.

Referrals come from DFS foster care, private agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services are increasing in recent years. During this reporting period from April 1, 2016 to March 31, 2017, there 80 children who attended the post-adoption support groups. Those children were adopted from DE foster care, adopted from other states and residing in DE, and international adoptions.

For the period from April 1, 2016 to March 31, 2017, 3 children entered foster care resulting from an adoption dissolution. As of this report, two of those children remain in foster care. One child exited from foster care when a non-relative received legal guardianship of the child. Two have a goal of TPR/Adoption or Permanent Guardianship.

4. Use a continuous quality improvement framework to monitor foster care and adoptive placement stability by reviewing DFS data (foster parent recruitment/training and placement stability), foster parent surveys, Quality Assurance case review reports and adoption disruption/dissolution data with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of placement stability data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending. The information on post-adoption services is discussed at the local Permanency Planning Committees (PPC) meetings, at monthly Inter-agency Committee on Adoption meetings, quarterly MY LIFE meetings, at the permanency work group meetings and as needed in on-going case discussions by supervisors and administrators.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports, contractual performance measures and feedback from DFS staff, trainers and system partners to monitor foster parent recruitment, training and placement stability. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The recruitment plan is discussed at monthly meetings with foster home coordinators. The Recruiter oversees the data reporting for recruitment. There is an increase in new applicants and entry cohort performance measures for placement stability in the first 100 days and the first year of placement are improving for the reporting period July-December 2016. On the national measure for placement stability, Delaware is 2.9% below the national standard placement moves in the first year of placement, .7% below the standard for children in care 1-2 years, and 8% below the standard for children in care more than 2 years.

Objective: Improve timely exits to reunification, adoption and guardianship for foster children.

Rationale: Data reports for timely permanency outcomes such as family preservation, reunification and other permanency outcomes are mixed. Agency wants to improve rate of reunification without increasing foster care re-entry rates. AECF assessment recommendations and *Outcomes Matter* identify kinship care programming as a strategy to achieve timely exits. Agency wants to continue strong performance for timely adoptions within 24 months of entering foster care.

Outcome: Shorter lengths of stay in foster care for children exiting to reunification, adoption and guardianship.

Benchmarks:

1. Provide MY LIFE programming to all appropriate foster children and youth; prioritize children with a permanency plan of adoption or Another Planned Permanent Living Arrangement (APPLA). Timeframe: June 2017. Measure: Number of children and youth by permanency goal receiving MY LIFE services.

Progress Report: The MY LIFE (My Young Life In Foster care Explained) Program is DFS' adaptation of the 3-5-7[©] Model developed by Darla L. Henry, PhD, MSW, of Darla L. Henry & Associates, Inc. The 3-5-7 Model[©] is a state-of-the-art, evidence-informed relational practice supporting the work of children, youth, individuals and families in rebuilding their lives after experiencing traumatic events, specifically as they relate to losses. MY LIFE services have been provided since 02-28-11 via DFS special needs adoption contracts with A Better Chance for Our Children, Bethany Christian Services, Children & Families First, and Children's Choice. New activities since 2016 include adding reunification cases as recommended by Permanency Planning Committee to

eligible populations. Referrals in general have steadily increased since 2011 with an impressive increase during the past 8 months:

REPORT PERIOD	# OF CHILDREN SERVED	UNDUPLICATED CHILD COUNT
02-28-11 to 03-31-16	769	511
04-01-16 to 12-31-16	1176	753

This reflects a significant increase of 407 children served and 242 unduplicated count children during the past 8-month period. The data source is pre-adoptive and post-adoptive monthly invoices.

Initial MY LIFE training was provided in 2011 to DFS and contracted agency staff by Darla Henry and Stephanie Hodge Wolfe of Darla L. Henry & Associates, Inc. Since 2011, MY LIFE training has been delivered in 2012, 2014, 2015 and 2016. MY LIFE advanced training was offered April 21, 2016 by Darla Henry and Stephanie Hodge Wolfe to seasoned providers of MY LIFE services. Seventy people attended the Intro to MY LIFE training April 19-20, 2016. Twenty people attended the Advanced MY LIFE Training on April 21, 2016. Contracted private adoption agencies' staff is interested in providing group sessions to supplement the individual sessions; planning is underway for the summer of 2017.

The next step for MY LIFE moving forward is continued expansion of services to children with goals of reunification. DFS hopes to fully implement this during SFY2017, pending sufficient funding. The shifting of funds and contracted services from the Adoption Program to the Foster Care Program is being considered to facilitate earlier intervention in the child's foster care episode. Timeframe for this benchmark is adjusted to June 2018.

2. Research, develop and implement kinship care programming. Timeframe: September 2017. Measure: Number of children placed in approved kinship homes.

Progress Report: The Kinship program expanded statewide mid-year following training of all foster home coordinators and revising the Kinship policy. New Castle County has been maintaining a consistent number of kinship homes. The conclusion of the program has not been realized as none of the children have been in care for 15 months without a planned permanency goal in the near future. The Kent/Sussex unit has opened one home and has identified a couple of others pending final approval. Entry cohort performance measure data indicates an increase in initial placements with relative for teens over the last year.

3. Collaborate with the Family Court through local and state level meetings and review of DFS and CIP key measures to strategically plan strengthening legal processes to improve timely permanency. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting review of data reports and actions taken.

Progress Report: In response to the CFSR final report, CIP Coordinator and the DFS Adoption Program Manager reviewed a sample of 14 cases with identified issues related to untimely permanency hearings and late TPR petition filings. The sample consisted of cases out of compliance with identifying permanency plans by day 60, holding permanency hearings after day 365 and late TPR filings are subject to review. The CIP database is the sampling source. The CFSR PIP workgroup includes representatives from DFS including a supervisor and administrator, contracted foster care and adoption agency administrators, a DAG and a representative from OCA. The workgroup will look at cases that are 'out of guidelines' in timeliness of adjudicatory, disposition, permanency hearings and filing of the TPR petitions. Initial findings were shared at work group meetings in November 2016 and January 2017. The next sample will be last quarter CY2016 and first quarter CY2017. A total of 8-10 cases will be reviewed. An early action of the work group is for agency representatives to determine where the barriers exist and determine if workers had a tracking mechanism for legal processes and filings.

4. Continue expediting permanency goal review by caseworkers, supervisors, child advocates and local permanency planning committees of children age 5 and younger. Timeframe: Ongoing to September 2019. Measure: Number of children age 5 and younger reviewed by permanency committees before the 9th month.

Progress Report: Children under the age of 5 are reviewed by the supervisor, CASA/Child Attorney, DAG) and local PPC in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights (TPR), felony convictions, are incarcerated, or whereabouts unknown. The PPC meetings include DFS managers and supervisors, contractors and representatives from PBH and YRS, and the community partners. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, caseworkers review past history with DFS and consult with legal counsel for advice or directed by the court to review permanency options. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. All of the children in foster care needing permanency are referred MY LIFE, and child specific recruitment and family search services as appropriate. From April 1, 2016 through March 31, 2017, there were 564 children reviewed by the PPC statewide. Of the number of children reviewed, 266 children were ages 5 and under or 47%. Case characteristics associated with the increase in the pre-school age group in the past 12 to 18 months are parental substance abuse issues, parental mental health issues, incarceration and homelessness.

During FFY2015, there were 251 children exiting foster care. One hundred twenty 48% of those children were 5 years or younger. This was a slight increase in exits for this population from the previous year. From January 1, 2016 through May 9, 2016, there were 52 children referred to the PPC who were in foster care less than 9 months. Twenty-four of those children were under the age of 5 years. Of the 82 children exiting to adoption during CY2015, 60 were age 5 and younger or 73%. This was a slight increase from the 52 children or 68% adopted in CY2014. For April 1, 2016 through March 31, 2017, there were 112 children adopted and 76 or 67% of those children were 5 years or younger.

5. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data, CIP key measures and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending.

6. Until a CQI system is operational, use existing data reports, CIP key measures, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS and CIP forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: DFS reviews national data profile permanency measures at Senior Leadership Team meetings at least twice per year. Permanency measures were discussed at the CFSP annual stakeholder meeting and CIP/DFS meetings. The information is shared at statewide permanency work groups, meetings with the contracted adoption agencies, at the MY LIFE quarterly meetings, and the Interagency Committee on Adoption. The national profile scaled scores for CY2016 for Permanency Composite Timeliness to Adoption and Permanency, finds DE exceeded the national standard. The National Composite Permanency Measure 2 standard is 106.4 or greater; DE scored 141.9. Agency and community partners believe initiatives on family engagement, SDM®, SOP and frequency of court reviews contribute to this strong performance. For Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, DE's performance exceeded the composite scaled score for CY2016. The National Composite Permanency Measure 2 standard is 121.7 or greater; DE scored 133.4.

The Permanency Options Workgroup completed its objectives. The representative for OCA developed a community resource guide for guardianship and kinship families. This information is available to all child welfare partners. Attorney Kelly Ensslin, MSW, CWLS, wrote an article for the Children's Law Center published in the fall 2016. The article referenced Delaware's adoption statistics, reasons for disruptions and stressed the need for post adoption services. In conclusion, "Children are returning to foster care due to the child's behaviors and the adoptive parents' inability to manage those behaviors. A protective factor is the use of post-adoption services that build on intensive pre-service training and continue to educate and support adoptive families as they raise their children to adulthood. The data shows, many families do not utilize the post adoption services prior to displacement. Delaware's child welfare system has shown a commitment to supporting adoptive families through their lifetime and continues to improve services provided, including a closer look at providing respite care to adoptive families parenting children with difficult behaviors and adoptive families in crisis." The article concludes 75% of those families who experienced a disruption did not participate in any post-adoption services. It was also determined that more than half of the adoption disruptions were for children adopted in other states and now living in DE or from international adoptions. DFS and the contracted adoption agencies continue to promote ABCFOC's

post adoption services. Brochures can be found on-line on the ABCFOC website: <http://www.abcfoc.org/>

Objective: Reduce the number of youth exiting foster care at age 18.

Rationale: The number of youth with APPLA goals was 321 for FFY2008, current DFS data states 120 youth with APPLA goals. The agency wants to continue to reduce the number of youth exiting foster care at age 18.

Outcome: Reduced number and percentage of youth exiting foster care at age 18 without permanency.

Benchmarks:

1. DFS Strategic Leadership Team and Policy Review Team to review and assess permanency planning policy for older youth with the goal of APPLA. Timeframe: September 2015. Measure: Documented review of permanency planning policy for older youth with the goal of APPLA by the Strategic Leadership and Policy Review Teams.

Progress Report: The DFS policy and procedure manuals were updated January 4, 2015. This benchmark is completed. The impact of the policy change is visible statistically. On January 1, 2014, the number of children in foster care with a goal of APPLA under the age of 18 was 115. As of January 2017, the number of foster children with a goal of APPLA under the age of 18 is 42 children. This is a decrease of 73 children or 64%.

2. Analyze system and case specific data on youth served by Family Informed Resource Support Teams (FIRST) to improve services to stabilize in-state placements, support timely permanency and reduce the number of youth exiting foster care at age 18. Timeframe: June 2016 and ongoing. Measure: Report of permanency outcomes on population served by FIRST initiative.

Progress report: Staff from the Office of Evidence-Based Practice (OEBP) have coordinated with the Hi-Fidelity Wrap around project team with DPBHS to examine the benefits of the SOC team which support youth open with DFS both in intact families open in treatment and youth in foster care. This project has the same goals as the FIRST team and is a parallel supportive service. Only one youth open with this team required subsequent residential treatment, all other youth were able to be served with in-state community-based services. Youth in intact families were able to stay out of foster care. The highlight of this service are the weekly family/treatment team meetings which are family and youth guided, ensuring that community-based treatment services are meeting the expressed needs of the youth and family.

Objective: Strengthen permanency planning for children age 15 and younger.

Rationale: P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act, limits APPLA goal choices to youth age 16 and older.

Outcome: Increased number and percentage of children and youth age 15 and younger exiting foster care to reunification, adoption or guardianship.

Benchmarks:

1. Use family search and engagement strategies tools and supports to conduct successful family search and engagement activities across all program areas to strengthen family

connections and permanency options for at-risk children and youth. This includes family team meetings and record mining to locate and contact relatives. Timeframe: March 2017. Measure: Number and percentage of children exiting to reunification, adoption or guardianship.

Progress Report: See B. Permanency; Goal: Children maintain or achieve timely permanency; Objective: Implement family search and engagement practice; Benchmark 1 for progress report on family search and engagement strategies; and Objective: Improve timely exits to reunification, adoption and guardianship for foster children, Benchmark 6 for permanency statistics in addition to the following. For Permanency Composite 3, Permanency for Children and Youth in Foster Care for Long Periods of Time, DE's score of 133.4 exceeded the standard of 121.7 or greater for CY2016.

Improving family engagement is a CFSR PIP goal. Building upon Outcome Matters, SOP and TDM successes, implementing family team meetings is a strategy in progress. QA case reviews measures effectiveness of achieving permanency and engaging parents in assessment and case planning activities for PIP reporting. This benchmark's family teaming activity is aligned with the CFSR PIP Strategy 3. Timeframe is adjusted to June 2017 to maintain CFSP tracking.

2. Review children and youth under the age of 15 at local permanency committees for appropriate goal selection. Timeframe: March 2017. Measure: Number of children and youth age 15 and younger with a goal of APPLA reviewed by local permanency committees.

Progress Report: Regional PPCs continue to review children in foster care at the 10th month, for goal changes other than reunification and as directed by the court. DFS' APPLA statistics for June 2017 has no children listed under the age of 16. This benchmark is complete.

3. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup. Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.

Progress Report: The Permanency for Adolescents Committee continued to meet quarterly during the remainder of 2016 and concluded January 27, 2017. At this final meeting, it was unanimously voted to discontinue the committee as the vast majority of the committee's purpose had been achieved. Such achievements included successful implementation of new expungement statutes, the creation and implementation of the Rights of Children in DSCYF Custody along with other provisions of P.L. 113-183, including the Prudent Parenting statute, Extended Jurisdiction practice and protocol measures, a reduction in the number of youth entering DFS custody from juvenile justice related to juvenile offenses, wherein DFS custody was not fully warranted, and most importantly a significant decrease in the APPLA population. It was agreed that while there were a few unfinished items, the primary goal had been achieved in helping to reduce barriers to permanency. There remains a continued sharing of data to CPAC regarding the number of youth with a goal of APPLA -to help monitor and ensure that continued improvements occur. A dashboard regarding Extended Jurisdiction

participation and exits from Extended Jurisdiction, juvenile justice entries and crossover youth is still being produced by the Office of the Child Advocate. This dashboard is reviewed by a CIP workgroup for continued evaluation. The work of the Self Sufficiency Benchmarks workgroup has continued separately and is close to completion, with a planned implementation date of the first quarter of 2018. This benchmark is complete.

4. Use a continuous quality improvement framework to monitor exits to permanency by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency exit data reports from FACTS and case reviews; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark remains pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor timely permanency. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS and case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: Permanency data and performance measures are reviewed at least twice annually at Strategic Leadership Team meetings. The Adoption and Independent Living Program Managers meet quarterly or as needed throughout the year with regional administrators, assistant regional administrators, and supervisors to discuss federal and state laws, changes in policy and practice, to discuss regional practices and to review monthly APPLA reports. For the two meetings that were held in 2016 (3/30/16 and 5/31/16), the discussion was on Preventing Sex Trafficking and Strengthening Families Act's provisions for APPLA goal restrictions. DFS ceased use of APPLA for a child under the age of 15 years and verified with the June 2017 APPLA Report. Anecdotally, at least in one county, this new law is leading to more guardianship and permanent guardianship goals with the foster parents or current caretakers. Permanency barriers are also discussed at the monthly leadership team meetings, in supervision with caseworkers and at the Permanency for Adolescents Committee – Permanency Options Workgroup and at the PPC meetings if applicable. The Adoption and Independent Living Program Managers monitor the monthly APPLA reports and consult with workers and supervisors as needed.

Objective: Continue to work with system partners to identify and reduce barriers to permanency.

Rationale: Community professionals and DFS staff identify joint efforts as necessary to build infrastructure and enhance service array for improved permanency outcomes for children and families.

Outcome: System wide infrastructure and service array supporting timely permanency exits from foster care.

Benchmarks:

1. Participate in the Permanency for Adolescents Committee of the Child Protection Accountability Commission, which leads policy efforts to reduce barriers to permanency. Timeframe: Ongoing to end of workgroup. Measure: Meeting minutes documenting attendance and efforts to reduce permanency barriers.

Progress Report: This Committee has concluded business. See Objective: Strengthen permanency planning for children age 15 and younger, Benchmark 3 for detail. This benchmark is complete.

2. Participate in strategic planning efforts of the Department of Services to Children, Youth and Their Families to promote collaboration and coordinated service delivery to multiple division youth served by child welfare, behavioral health and/or juvenile justice systems. Timeframe: Ongoing to September 2019. Measure: Meeting minutes documenting attendance and coordination of service delivery.

Progress Report: DFS staff from OEBP continue to serve on a number of cross division and cross agency youth committees and initiatives to promote collaboration and coordinated service delivery. In 2016 a cross department, a cross agency team travelled to Washington DC to participate in Georgetown's School-Justice Partnership certificate program to develop what is now known as the Delaware's Capstone Connection Team. This team is working to improve the education outcomes for "systems involved youth" and to reduce the risk of involvement in the juvenile justice system by fostering healthy connections and resiliency for students. Using existing multi-tiered supports in the school district and a Compassionate Schools framework, this team is training school staff, school resource officers, and other stakeholders on the impact of trauma on learning and behavior with the ultimate goal of reducing school discipline in target schools. "System involved youth" include youth who are receiving services from the Division of Family Services, Division of Prevention and Behavioral Health Services, and Division of Youth Rehabilitative Services. This team is focusing on a number of key schools many within the Brandywine School District as a pilot because this district educates many of our "systems- involved youth" population, has some schools that are struggling with performance measures, and has leaders who are energized to implement change.

At the conclusion of the Tufts/Casey Mental Health Oversight Project, the Department formed a cross divisional committee to carry on the work of the psychotropic medication oversight and monitoring. The group has revisited where we left off with the Tuft/Casey and developed and is implementing a plan for continuing efforts. The Departments psychotropic medication policy is now active and the training developed by Dr. Chris Bellonci is available on the Delaware Learning Center. The training is already being utilized by staff across the department and plans are to make it part of new worker training. One goal is also to make it available to stakeholders outside the department and have the informed consent and caregiver guide documents created by the workgroup available on the department intranet and internet. Each division is also developing their own communication plan ensuring that key points are communicated to stakeholders. Operating guidelines and contract language will also be adjusted to reflect the new department policy. Another achievement of this committee is the finalization of the FOCUS medication object that will allow for in house tracking of medications and use of the HEDIS quality measures to closely monitor antipsychotic medications prescribed to

department youth. Delaware is the first jurisdiction to implement an internal, multidivisional statewide tracking system of this kind.

Clinical staff of the Office of Evidence-Based Practice joined Meredith Matone of the Policy Lab at the Children's Hospital of Philadelphia (CHOP) to give a presentation on the prescribing of psychotropic medications for youth in foster care at the annual Protecting Delaware's Children Conference. The presentation emphasized recent data, best practices and the way agencies in Pennsylvania and Delaware have responded to concerns about the overreliance on mental health medications to treat vulnerable youth. The use of antipsychotics to treat youth in foster care is a particular concern and systems such as DSCYF are putting mechanisms in place to ensure best practices. The presentation was well received by a diverse cross agency audience and there was a thoughtful question and answer session afterwards. The presentation was one of several communicating some of the efforts the Department has made toward protecting children Delaware and ensuring that foster care youth in particular get access to quality mental health services. There were opportunities for post presentation discussions for future improvements and cross collaboration, particularly with the courts. Opportunities for cross state collaboration were also discussed, particularly as they pertain to improving well-being of children in foster care.

Another opportunity for cross-divisional coordination is in the newly formed workgroup devoted to services for the intellectual disability/developmentally delayed and mental health needs (IDD/MH) population. Members of the OEBP clinical team have been meeting with PBHS as well as cross-agency partners such as DDDS to develop a strategic plan for meeting the needs of this population. Meetings have included presentation from national experts and top leadership from PBHS. Collaboration and coordination of service delivery are the priority, as well as determine the best evidence-based practices for working with youth with dual diagnosis challenges.

3. DFS leadership to monitor meeting attendance and system partner feedback regarding collaborative effort to reduce barriers to permanency. Ongoing to September 2019. Measure: Meeting minutes and feedback from system partners.

Progress Report: The Child Protection Accountability Commission's Permanency for Adolescents Committee concluded its work in January of 2017. The committee was comprised of representatives from the DFS, Family Court, OCA, the Public Defender's Office, CASA, independent living service providers and DOJ. The committee accomplished many tasks to improve permanency outcomes. After passage of Senate Bill 247, the CIP Steering Committee provided training to Family Court staff, as well as other stakeholders, not only on normalcy requirements but also on the discouraged use of APPLA as a permanency plan. DFS provided training to staff, foster parents and contracted foster care agencies on normalcy requirements. CIP also has provided continued leadership on youth involvement in court and rights of youth in foster care. CPAC continues to monitor, via its Child Welfare Data Dashboard, the number of youth with a permanency plan of APPLA. OCA, as staff for CPAC, continue to monitor the qualitative data behind the numbers and partners with DFS and the Family Court to ensure APPLA is the only appropriate permanency plan. Documents developed by the Committee such as resources for guardianship and kinship care that outline financial and other supportive resources available to kin caregivers continue to be utilized together

with trainings provided by OCA on best practices for achieving permanency. A youth transition guide which serves as an information guide for older youth continues to be worked on by DFS. DFS also agreed to finalize the self-sufficiency benchmarks document with updates from recent policy and legislative changes. The CIP Steering Committee agreed to continue to monitor dual status youth and advocate for improvements as needed. Meeting minutes are located on the OCA website: <https://publicmeetings.delaware.gov/Search?AgencyID=4>.

Permanency Measures:

1. Caseworker foster care contacts. Measure 1: Percent of the total visits that would be made if each child were visited once per month; and, Measure 2: Percent of those visits occurring in the child's residence. Goal for Measure 1 is 95%. Goal for Measure 2 is 50.5%.

Performance: Measure 1: For FFY16, the percent of child visited on a monthly basis was 94%. Measure 2: For FFY16, the percent of visits occurring in the child's residence was 79.8%.

National Standard: Permanency Composite #4 with component scores.

- Scaled state composite score. Goal is 101.5 or higher.

Performance: For CY2016, the scaled composite was 95.0%.

- Of those children in care less than 12 months - percent with 2 placements or less. Goal is 86% or higher.

Performance: For CY2016, the performance for this measure was 82.2%.

- Of those children in care for 12 but less than 24 months - percent with 2 placements or less. Goal is 65.4% or higher.

Performance: For CY2016, the performance for this measure was 65.4%.

- Of those children in care 24 or more months - percent with 2 placements or less. Goal is 41.8% or higher.

Performance: For CY2016, the performance for this measure was 32.8%.

2. National Standard: Reunification within 12 months from the most recent removal from home Goal is 75.2% or higher.

Performance: For CY2016, the performance for this measure was 61.9%.

3. National Standard: Adoption within 24 months from the most recent removal from home. Goal is 36.6% or higher.

Performance: For CY2016, the performance for this measure was 39.6%.

4. Quality Assurance: Measurement is the percent of placement and permanency case reviews agreeing with APPLA (Another Planned Permanent Living Arrangement) goal selection. Goal is 95% or higher.

Performance: No data available at this time.

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

Update: Caseworker foster care contacts, Measure 1 has been updated to the new FFY2015 definition.

C. Well-Being

Goal: Families are empowered to meet their own needs

Rationale: Guiding principles for the CFSP emphasize family engagement in assessment, planning and service delivery to internalize positive change based on strengths and achievements. The AECF assessment and *Outcomes Matter* promote active family engagement strategies to help families plan for their needs.

Objective: Fully engage at-risk families in assessment, planning and service delivery activities.

Rationale: Children and families are more likely to actively engage in a plan in which they had a key role in designing. Key decisions include family and youth voices. AECF assessment and *Outcomes Matter* promote family engagement strategies and tools.

Outcome: Successful and timely assessment, planning and services with parents and youth participation while maintaining safety of children of families served.

Benchmarks:

1. Continue Team Decision Making statewide for children at risk of removal from their homes. Timeframe: Ongoing to September 2019. Measure: Data reports on number, participants, recommendations and outcomes of TDM meetings.

Progress Report: The DFS Data Unit produces monthly data reports detailing TDM activity. The reports are discussed with the TDM Workgroup on a quarterly basis. If trends emerge, such as fewer TDMs occurring pre-removal or a decrease in the percentage of youth attending meetings, those issues are discussed at investigation and treatment workgroups. In SFY2017, mothers attended 78% of all TDM meetings, fathers attended 44% of the meetings, and youth attended 58% of the meetings. Relative, non-relative and informal supports attended 73% of the meetings. Foster parents or other caregivers attended 11% of the meetings and agency partners attended 93% of the meetings. DFS diverted 36% of children from entering DFS foster care.

2. DFS Program Support Team to conduct literature reviews, contact states' liaison officers, research evidence-based models as promoted by Child Welfare Information Gateway, Child Welfare League of America and American Humane Society and make recommendations for improving the continuum of family preservation, reunification and support interventions. Timeframe: June 2017. Measure: Documentation of research, findings, recommendations and action taken.

Progress Report: This benchmark is pending. Timeframe is adjusted to June 2019 to allow for hiring of new program manager and preparation for competitive bidding of family support contracts.

3. Conduct Ice Breaker meetings between biological families and foster parents when children enter care to share information and strengthen child normalcy. Timeframe: June 2016 and ongoing. Measure: Ice Breaker meeting reports and statistics.

Progress Report: More Ice Breaker meetings are integrated into the placement process; and considered a great benefit to the foster and biological parents. Foster parents indicate it makes caring for the children easier. The groups continue to struggle with the 5-day completion standard due to scheduling barriers. There have been 119 Ice Breaker meetings held during CY2016.

4. Use a continuous quality improvement framework to monitor and guide implementation of family engagement practice by reviewing DFS data and Quality Assurance case review reports with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of SOP data reports from FACTS and case reviews. Meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending.

5. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, trainers and system partners to monitor implementation of TDM and SOP. Use existing DFS forums to recommend and implement corrective actions through training, supervision and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: See Safety, Goal: At-risk children are safe and protected from harm, Objective: Implement Safety-Organized Practice (SOP) across all program areas, Benchmark 1 for discussion of NCCD Children's Research Center's July 2016 evaluation report. The DFS Data Unit produces monthly reports to show the number of children that entered care and whether or not a TDM was held. Policy exceptions require that every child entering care have a TDM unless there is an exceptional reason why a TDM is unnecessary. Only a Regional Administrator or an Assistant Regional Administrator can grant a request for an exception. From July 1, 2016 thru February 28, 2017, exceptions for holding a TDM were granted for 57 children (18%) entering care. The request for exceptions will be automated in the upcoming FOCUS system.

Goal: Youth are empowered to meet their own needs

Rationale: Youth are more successful achieving independence when supported by individualized planning and services. Including youth in system wide planning has resulted in improved services. Rates of high school graduation and employment indicate areas needing improvement.

Objective: Promote timely permanence and increase opportunities available to young people in employment, education, personal and community engagement.

Rationale: Rates of teens aging out of foster care at age 18, high school graduation and employment indicate areas needing improvement. Early success with financial assistance for young adults needs to continue. Strong individual and system planning includes the voice of youth. Education and employment measurements indicate areas needing improvement.

Outcome: Lower rate of foster youth exiting foster care at age 18. Increased graduation and employment rates for young adults. Increased rates of youth reporting personal and community connections.

Benchmarks:

1. Use family search and engagement strategies (e.g. family meetings and record mining) to build connections and supports for foster youth and young adults aging out of foster care. Timeframe: June 2016. Measure: Quality Assurance case review and independent living data reports.

Progress Report: DFS continues to contract with CFF to provide family finding and outreach, a family search and engagement service to foster children. The service locates and engages relatives and other important relations for children in foster care with the objective of those individuals becoming permanent resources and/or lifelong connections. In most cases, a number of family members are found and become engaged in a child's life. Even when resources do not emerge as a placement, families are often ready and capable to provide pictures, stories, and some family history for the child. In DFS case progress notes in investigation through permanency, there is documentation that caseworkers used various FSE tools and strategies. FSE is also documented in family team meetings and STEPS meetings. Search activities used by caseworkers include sending notification letters to relatives, mining the case record, and using internet search tools (US Search, Facebook). Caseworkers use tools such as genograms, Eco Map and MY LIFE to gather information about family resources. On June 5, 2017, there were 76 foster children residing with kin.

During this reporting period from 4/1/16 through 3/31/17, 8 children were referred to CFF for family search and engagement services. Two of those 8 children are now living with a relative. For the two children living with relatives, one child aged out and continued to reside with a grandparent and the other relative received legal guardianship of that child. Since the FSE program started in 2013, there were 46 children referred for FSE services. Eleven children developed new connections and 21 children reconnected with relatives and non-relatives. For the children referred for FSE services, 70% developed a connection with a relative or non-relative who may be a resource for that child.

Ninety-five percent of youth participating in the independent living program and completed a monthly outcome survey during CY2016 reported having a permanent connection to an adult.

Timeframe for this benchmark is adjusted to Ongoing to September 2019 to monitor family engagement strategy implementation.

2. Conduct STEPS (Stairways To Encourage Personal Success) for all foster youth age 17 and older to plan a successful transition to adulthood. Timeframe: Ongoing to September 2019. Measure: Quality Assurance case review data reports.

Progress Report: STEPS meetings remain by policy a requirement for youth 17 and older in order to help ensure a positive and planned transition from foster care. The tracking database is reviewed by the Foster Care and Independent Living Administrator. A recent

change in staffing in this position has resulted in some gaps relative to the maintenance of this database. The administrator has worked diligently with regional staff to help ensure timely completion of the STEPS meetings and provide technical assistance to help ensure that the meetings are conducted; however the maintenance of the database has not regularly occurred. During a recent review of the database and the FACTS records, it was noted that approximately 75% of the sampling had a documented STEPS meeting. Efforts to help address full compliance have been implemented during 2017 by way of regional training to staff that serve adolescents. Such trainings have included specific information regarding the STEPS meetings.

3. Fully fund and implement ASSIST (Achieving Self Sufficiency and Independence through Supported Transition) for young adults (ages 18-20) who are aging out of foster care. Timeframe: June 2017. Measure: Budget allocations for 3 years of ASSIST funding.

Progress Report: Based upon the operating budget for FY17, the ASSIST program has been fully funded to provide financial supports to youth that have aged out of the foster care system to help support living expenses through age 21. This benchmark is complete.

4. Continue Opportunity Passport™ programming to provide financial skills and match savings accounts. Timeframe: Ongoing to September 2019. Measure: Documentation of active training and match funds.

Progress Report: The Opportunity Passport and the Successfully Acquiring Valuable Essentials (SAVE) match savings programs remain available to youth ages 16-21. West End Neighborhood House administers the program through private funding from Deutsche Bank and other resources. The SAVE Program is currently phasing out due to the limited funds that remain available from the original funding of the program. The programs continue to provide a valuable resource for youth to gain financial literacy skills and develop money management inclusive of savings opportunities. The participation in this program during the current reporting period is as follows:

1. 13 open SAVE accounts
2. 18 Opportunity Passport accounts open April 2016-current
3. 30 active accounts to date
4. 6 youth have withdrawn money
5. 9 accounts closing due to turning age 21
6. 6 applications pending

5. Partner with the Youth Advisory Council (YAC) to achieve positive outcomes for foster youth and young adults aging out of foster care. Timeframe: Ongoing to September 2019. Measure: Documentation of joint participation in YAC meetings and events.

Progress Report: The partnership with the Delaware Youth Advisory Council is active and healthy. The membership is stable and their leadership continues to be a valuable resource for enhancing the supports available to foster youth. The composition of the adult supporters has changed over the last year and now primarily includes staff from the IL contracted providers allowing opportunities to build rapport, engagement and trust. Additionally, the Foster Care and Independent Living Administrator now attends the monthly meetings along with the Independent Living Program Manager. This also

provides insights that can be shared with the foster care team to inform foster care programming as well. The youth have continued the responsibilities of their annual conference, providing feedback for the APSR, and conducting community service. Their primary legislative focus is to address the challenges of getting and maintaining a driver's license given the barrier of car insurance. There is current legislative support to analyze and support their effort to overcome this barrier.

6. Support the initiative for Youth Involvement in Court and Youth Led Representation led by the Family Court and OCA. Timeframe: Ongoing to September 2019. Measure: Documentation of agency participation in court and DYOI meetings.

Progress Report: DYOI discontinued operating as of July 1, 2015, ending the Youth Involvement in Court workgroup. Following the discontinuance, CIP completed the work of the prior committee by conducting surveys with youth that attended court hearings. The feedback obtained from the youth helped to shape improvements to better ensure meaningful participation in court hearings. A positive outcome was to fulfill a request of the youth to have a portfolio that they could use while at court hearings and to assist them in organizing their lives. CIP purchased these portfolios and they are provided to the youth at a court hearing and they are encouraged to bring the portfolio to each hearing. Judges were provided insights from the surveys in order to assist in making the courtroom more youth friendly. The results of the surveys and newly implemented measures were also shared with the Youth Advisory Council in order to help inform the youth of the results of their participation. There have not been continued formal meetings and instead CIP has continued to implement best practices learned from a variety of resources. This benchmark is completed.

7. Review existing foster teen handbook for strengthening youth roles and responsibilities and edit as appropriate. This handbook will be used in the initiatives referenced above in #6. Timeframe: June 2016. Measure: Documented review of current foster teen handbook and appropriate actions to revise.

Progress Report: The plan to replace the teen handbook continues. Progress is delayed due to changes in administrative support staff and confusion with multiple handbook versions. In the meantime, Delaware has a telephone and online general community resource line-211. Youth are encouraged to utilize this resource with the help of supportive adults to help navigate the various community resources that they seek. The guide will ultimately serve as a supplemental resource to those available on 211 and will provide resources more relative to youth that have experienced foster care. Timeframe for this benchmark is adjusted to June 2018.

8. Establish prudent standards for foster parents to ensure developmentally appropriate activities are provided to foster children per Preventing Sex Trafficking and Strengthening Families Act. Timeframe: September 2016. Measure: Issuance of policy.

Progress Report: The prudent parenting policy was effective August 16, 2016. It is a regular item on the agenda of monthly meetings with foster home coordinators and private provider agency meetings. This benchmark is complete.

9. Train foster parents on prudent standards established in #9. Timeframe: December 2016. Measure: Documentation of training events or instructions.

Progress Report: DFS and CPD collaborated to develop DLC online training on Prudent Parenting for DFS staff, contract providers, and foster parents. In July 2016, the training modules were assigned to DFS staff and made available to foster parents. As of April 24, 2017, 61 foster parents and 340 DFS staff have completed the training per automated reporting. Foster parents that took the training in groups did not register individually. This benchmark is complete.

10. Use a continuous quality improvement framework to monitor timely permanency, employment, education and personal/community engagement by reviewing DFS data, Quality Assurance case review reports and youth feedback with DFS staff and system partners. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of permanency and independent living data reports; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. Delaware has comprehensive data and statistical reports on independent living population and services. The survey information mirrors the federal National Youth in Transition Database (NYTD) items.

11. Until a CQI system is operational, use existing data reports, Quality Assurance case review reports and feedback from DFS staff, youth and system partners to monitor timely permanency, employment, education, and personal/community engagement. Use existing DFS and DYOI forums to recommend and implement improvements through training, supervision, resource development and technical assistance. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from FACTS, case reviews and independent living; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: The development of DFS' CQI system is pending. A cornerstone of the system is foster care case reviews beginning June 2017. The primary format for review of education is through the CPAC Subcommittee on Education that reviews school district and IL data to guide action planning. Additionally, youth input via participation on these workgroups or through surveys provide insight for consideration. An example of the combination of data and youth voice relative to employment is the development of the Job Shadow Day. With IL data reports reflecting low employment outcomes, the committee took action to implement Job Shadow Day starting 2014 as an annual event. This day helps educate employers about the needs of youth who have experienced foster care along with giving youth opportunity to learn employee responsibilities in a supportive environment. These experiences will potentially pave the way for future employment at these agencies. Youth surveys rate this annual event as successful. Another example of data review with positive outcomes is the passing of legislation establishing statewide graduation standards for foster youth changing schools and districts. Reviews of graduation statistics to determine the impact of this law will occur in coming years. Assisting youth with personal and community engagement is not easily measured. Based upon youth surveys, areas of need are tutoring, mentoring, and leadership programming. The opportunities implemented through the prudent parenting

and normalcy initiatives promotes personal and community engagement. This benchmark is edited to remove DYOI references.

Goal: Foster children receive appropriate mental health assessment and psychotropic medications

Rationale: Federal law and agency procedures provide mental health screenings and treatment, including assessment of emotional trauma associated with a child's maltreatment and removal from home. The agency is charged with oversight and monitoring psychotropic medication administered to foster children.

Objective: Assess and monitor foster children's health and mental health needs.

Rationale: Agency needs to continue foster care entry mental health screenings and implement tracking systems for individual and system use of psychotropic medications.

Outcome: Foster children's health and mental health needs are identified early and are matched with appropriate services.

Benchmarks:

1. Continue Screening and Consultation Unit's assessment of developmental needs and ensure connection to appropriate services to foster children age 5 and younger within 45 days of foster care entry. Timeframe: Ongoing to September 2019. Measure: Foster care entry assessment compliance reports.

Progress Report: Children age 5 and younger who are placed in foster care are screened by the OEBP's Screening and Consultation Unit (SCU). The screening tool used to assess the developmental needs of these young children is the Ages and Stages Questionnaire (ASQ). The ASQ is an evidence-based tool that assists in the identification of potential developmental delays for children ages 1 month to age 5. Results from the ASQ that indicate possible delays trigger SCU staff to make referrals for appropriate services, such as Child Development Watch (CDW) or Child Find. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving early intervention services or if the child has already been screened through another resource (e.g., Division of Prevention and Behavioral Health Services (DPBHS), outpatient behavioral health provider, Child Development Watch). CY2016 data reports 219 children age five and under were referred to the SCU upon entry to foster care. Of those 219 children, 141 of them were screened using the Ages and Stages Questionnaire (ASQ) to assess their developmental needs. A consultation was provided as an alternative to screening for 78 children, because 52 that were already involved with early intervention or mental health services, and 12 resided in a medical facility at the time of screening and would therefore be screened prior to hospital discharge. Fourteen children were also excluded because they had already exited care by the time of the screening. Data resulting from the 141 screenings that were conducted indicate that: 1) 14 children were referred for statewide early intervention services (i.e., CDW), and 2) 15 were referred for behavioral health services (i.e., outpatient therapy). The remaining children did not show evidence of developmental delays and not referred for additional services at that time. In terms of the timeliness with which developmental screenings were administered following entry to foster care in 2016, 97% (137 out of 141) were screened within 45 days of entry to foster care.

2. Continue Screening and Consultation Unit's assessment of foster children within 45 days of entering care for mental health services, using developmentally-appropriate and trauma-informed screening tools. Ensure connection to evidence-based interventions as appropriate. Timeframe: Ongoing to September 2019. Measure: Foster care entry and assessment compliance reports.

Progress Report: Children ages one month to 18 years old entering foster care are screened by the Office of Evidence-Based Practice's SCU to assess mental health and well-being needs. Consultations are provided as an alternative to formal screenings in the event that a child is already receiving mental health services or if the child has already been screened through another resource (e.g., DPBHS, outpatient behavioral health provider, Child Development Watch). Current tools used in screening for mental health and well-being needs include: Brief Problem Monitor (BPM), Trauma Symptom Checklist for Children (TSCC), Trauma Symptom Checklist for Young Children (TSCYC), Global Assessment of Individual Needs (GAIN-SS), Fetal Alcohol Syndrome Disorder Screener (when appropriate), and Adverse Childhood Events Questionnaire. The SCU also participated in the process of rolling out a new assessment tool called TOP that was used as part of division-wide pilot throughout 2016. TOP is a web-based tool that assesses child well-being for children ages 4-18, and it has been used in behavioral health for more than 20 years. While the Annie E. Casey Foundation supported DE in trying to modify the tool for use in child welfare, it was decided the TOP tool was not a good fit for Delaware at this time. The use of TOP ended as of December 31, 2016.

SCU data from CY2016 indicates that 478 children ages birth to 18 were referred to the SCU upon entry to foster care. Of those 478 children, 236 of them were screened using developmentally-appropriate and trauma-informed screening tools to assess their behavioral health and well-being needs. A consultation was provided as an alternative to a formal screening for a total of 242 children, including 138 that were already receiving behavioral health services (e.g., DPBHS, outpatient therapy, residential treatment), and 67 that were screened by another resource (e.g., DYRS, CDW, medical facility). Thirty-three children were also excluded because they had already exited care by the time of the screening, and 4 children could not be screened formally because they were on runaway. Data resulting from the 236 screenings that were conducted indicate that: 1) 70 were referred for behavioral health services (including 11 children that were referred for trauma-specific treatment); 2) 14 children were referred for statewide early intervention services; and 3) 2 were referred to the DPBHS for comprehensive neuropsychological testing. The remaining children did not show evidence of need for additional services and therefore no referrals were made at that time.

In terms of the timeliness with which mental health and well-being screenings were administered following entry to foster care in 2016, 96% (459 out of 478) were screened within 45 days of entry to foster care, and 99% were screened within 60 days of entry to care (474 out of 478). Two children were not screened for 66 days due to extenuating circumstances, and 3 children were not screened for 63, 70, and 95 days due to clerical error.

3. Partner on a consultation project with Tufts University Medical School, Casey Family Programs, DPBHS and DSCYF Office of Trauma Informed Practice on monitoring and

managing psychotropic medications in foster care. Timeframe: June 2017 with option to extend. Measure: Documentation of findings, recommendations and actions taken.

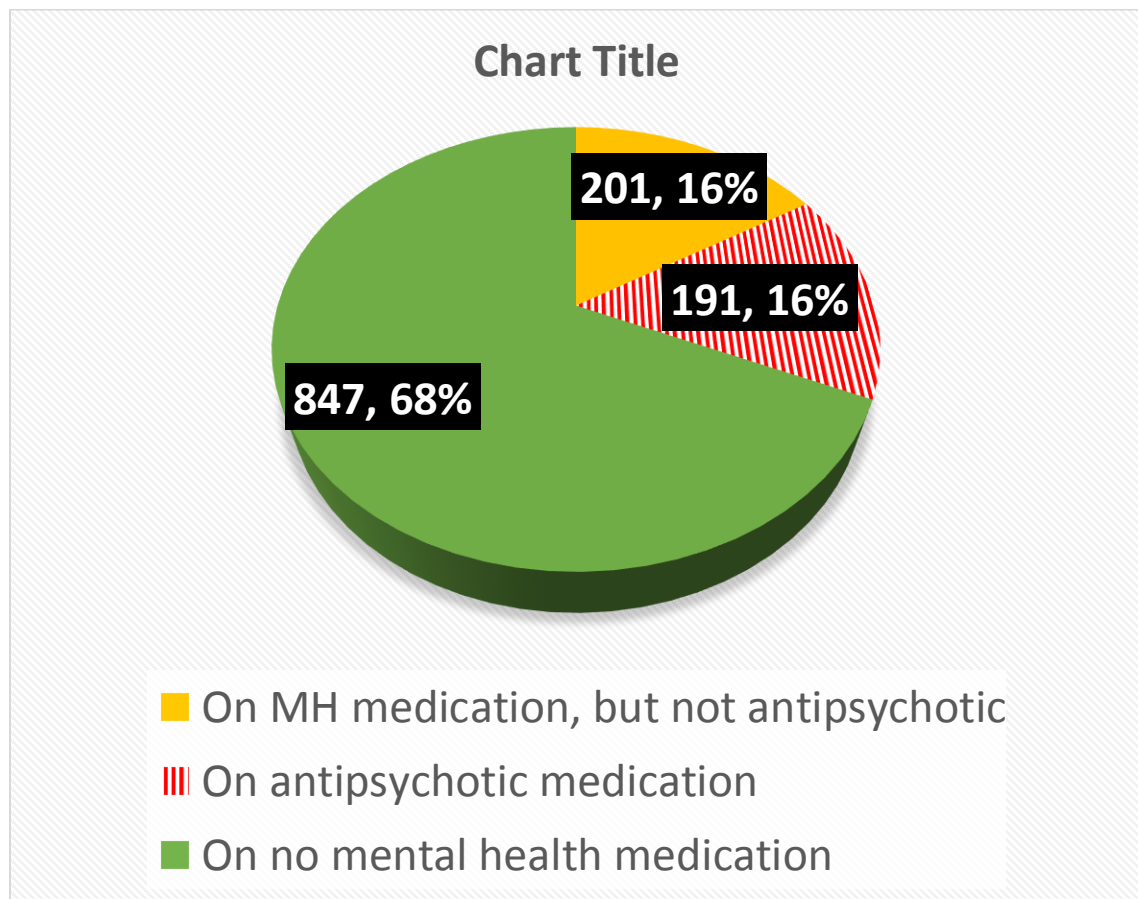
Progress Report: After two years of collaboration, work the Tufts/Casey team concluded with the successful achievement of our goals. National standards and options for oversight and monitoring were reviewed and stakeholders were involved in determining the best path moving forward. DSCYF will continue to take the lead in oversight and monitoring of youth in foster care and residential facilities. Foster parents, the Managed Care Organizations (MCOs), Medicaid and all divisions across DSCYF were actively involved and had a voice in developing the focus of the work. We finalized a department policy regarding the use of psychotropic medications for youth in DSCYF care and custody. This policy statement represents the Department's position on the use and oversight of psychotropic medications and promotes nationally defined best practices. We focused on rolling out implementation and supporting practices and created a health care information sheet, caregiver information pamphlet and informed consent document. Another achievement was the development of a pilot in Nemours Foster Care clinic of our informed consent tool. We continue to monitor and adapt this process for wider use with providers in the broader community. DSCYF continues to work with staff at Nemours around the gathering and sharing of information to help ensure that the informed consent process is truly informing youth and parents about their treatment prior to consent.

DSCYF continues to use multiple modalities to communicate to stakeholders on issues related to the use of psychotropic medications for youth in DSCYF care and custody. Information is shared at multiple conferences and will be made available on DSCYF's website. A medication training, currently available through the Delaware Learning Center will be a requirement for all newly hired employees and is available on demand to all other employees. A summary of the team's work was presented in the Delaware Journal of Public Health and the model will serve as a guidepost for other jurisdictions. This benchmark is revised to monitor psychotropic medications for foster children.

4. Office of Evidence-Based Practice to monitor and report to DFS' Strategic Leadership Team progress on developing psychotropic medication tracking and establishing oversight standards. Timeframe: Ongoing until September 2019. Measure: Meeting minutes document review of psychotropic medication tracking, standards and actions taken.

Progress Report: OEBP has given DFS' Strategic Leadership Team (SLT) regular updates on monitoring efforts for psychotropic medications. These updates include communication of ongoing data analysis and design of FOCUS for ongoing tracking and quality improvement efforts. Some data reported from 2016 includes the following.

Figure 1. Data from CY2016 revealed that half of the foster care youth who were prescribed mental health medications were prescribed an antipsychotic:



Department Policy #216 - Psychotropic Medication, effective December 14, 2016, establishes oversight and monitoring standards. While currently Medicaid Utilization data is the reference source, the FOCUS system will house a medication object monitoring youth as they enter placement and every 60 days thereafter until their placement status ends.

5. Use a continuous quality improvement framework to monitor mental health assessment and psychotropic medication by reviewing DFS data, Quality Assurance case review reports and DFS staff and system partner feedback. Identify areas needing improvement and implement corrective actions. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of psychotropic medication data reports; meeting minutes documenting findings and recommendations.

Progress Report: This benchmark is pending. See Benchmark 4 for foster care medication data reporting.

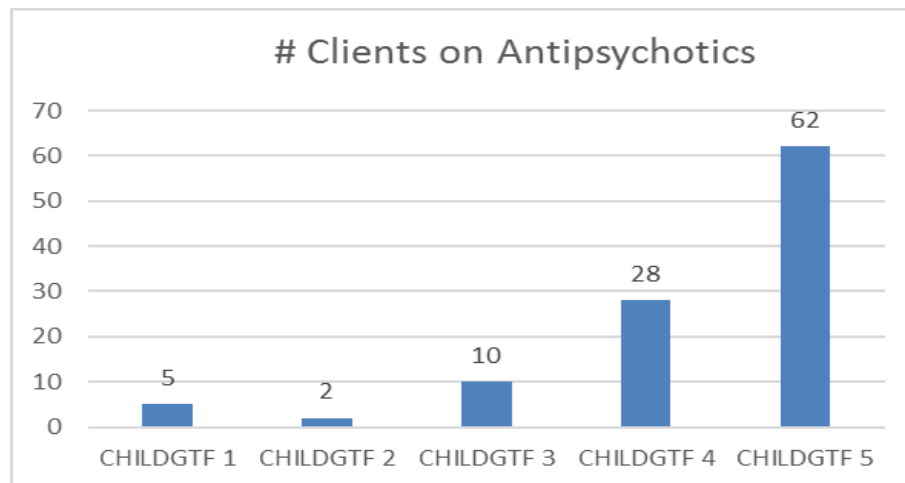
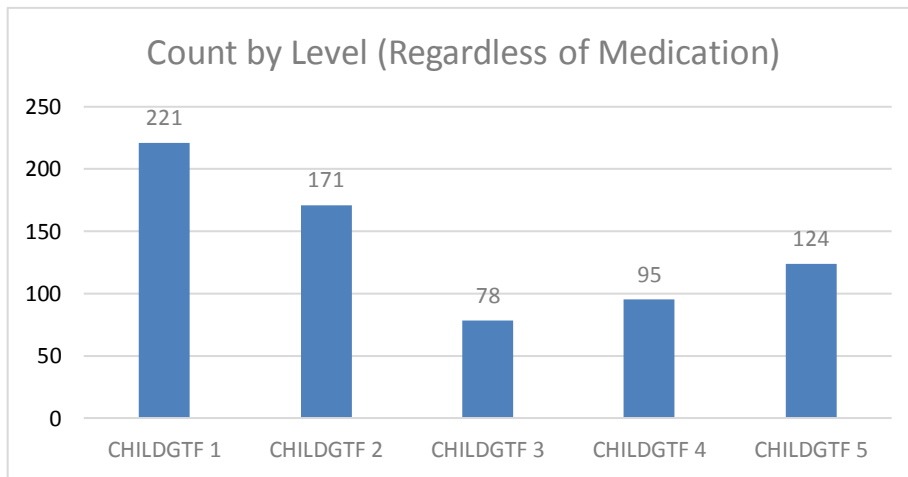
6. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of needs and provision of appropriate services. Use existing DFS forums to address areas needed improvement and implement corrective action. Timeframe:

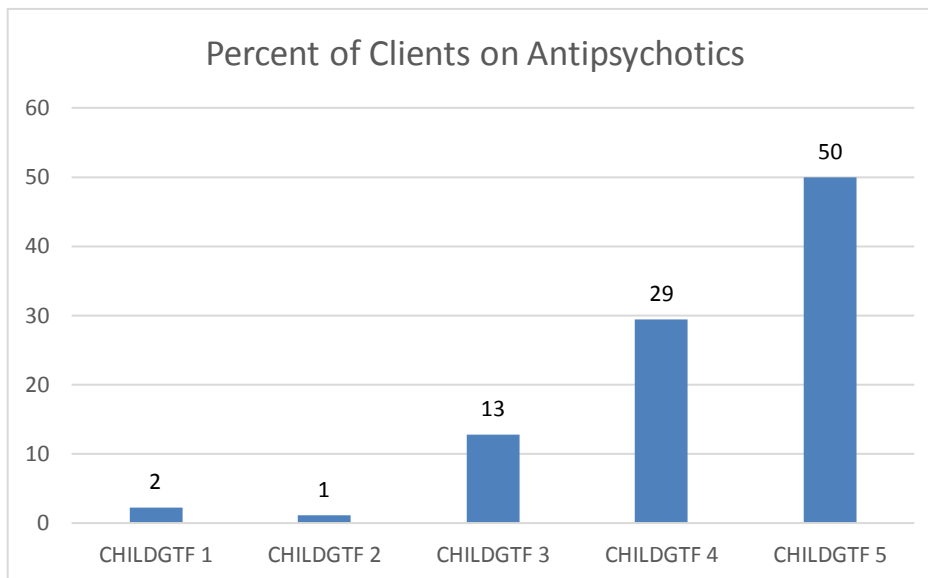
Ongoing until CQI system is operational. Measure: Production of data reports from Quality Assurance case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Review: The OEBP conducts several quality assurances using best practices in mental health services for foster children. One of these processes is the work done by psychologists and the pharmacy consultant is to monitor and promote appropriate psychosocial treatment for trauma when prescribed psychotropic medications.

Point in time data revealed the following psychotropic medications breakdown for December 2016:

Foster Children on Antipsychotics and Level of Care Rating:





Currently the data used for monitoring efforts comes primarily from Medicaid Utilization data. DFS and the Department as a whole will soon have the FOCUS system that allows for regular reports on prescribing trends, aggregate and case level data for CQI purposes and safe guards to provide consultation for all children in foster care or residential services who are on antipsychotics. Three Healthcare Effectiveness Data and Information Set (HEDIS) measures will be used to trigger more in depth consultation services. 1. Antipsychotics prescribed for children under 6; 2. Two or more antipsychotics prescribed at the same time, and 3. Metabolic monitoring ordered as appropriate.

Goal: Improve high school graduation rates for foster youth

Rationale: High school graduation rates are low; agency wants to improve academic performance of foster children and youth.

Objective: Develop and implement a data-based initiative to improve academic performance.

Rationale: High school graduation rates for foster youth are low. DFS to establish system data baselines on academic performance of foster children; collaborate with system partners to identify needs and provide supports to boost academic performance.

Outcome: Improved academic performance for foster children and youth.

Benchmarks:

1. Collaborate with schools to share system level educational information on foster children and youth. Timeframe: Ongoing to September 2019. Measure: Documented production of academic reports.

Progress Report: DFS continues to send DOE monthly foster care population reports.

The report includes the name and contact information for the assigned caseworker. DOE then sorts the data DFS sends and forwards students names as well as caseworker names and contact information to individual schools. This monthly data exchange allows each school to identify the students in their building that are in foster care and it allows them to contact the worker directly if they have questions/concerns. Annually, DOE produces an aggregated data report that compares the general population of students with students

in foster care. Aggregate data is broken down into school districts and have added measures:

- Attendance
- % of special education students
- # of discipline incidents
- # of students with at least 1 discipline incident
- # of in school suspensions
- # of students with at least one in school suspension
- # of out of school suspensions
- # of students with at least 1 out of school suspension
- # of expulsions
- # of students repeating current grade
- Single year # of graduates
- Single year # of drop outs
- % of students passing Algebra 1 by 9th grade
- % of students proficient in math
- % of students proficient in ELA

The team continues to collect and analyze data regarding the educational outcomes of students in foster care via the CPAC Data Workgroup. The committee ensures new data requirements of Every Student Succeeds Act (ESSA) are addressed in current data sharing efforts, and to make necessary changes to state policies to comply with new DOE's annual reporting requirements related to children in foster care.

The CPAC Education Committee developed a template to collect information required for the Education Court Report within Ed Insight, a statewide database used by most school districts in the State. The report was finalized spring 2017. All DFS workers and Homeless Liaisons in every school district received training on the new education court report in April and May 2017. The court will begin asking for this new report in May 2017. See Attachment: Delaware Child Welfare Dashboard, Education Measures for Academic School Year 2016, EdInsight Dashboard Student Profile sample report

DOE has a website for ESSA provisions to promote educational stability and improve educational outcomes for students in foster care. The address is <https://www.doe.k12.de.us/Page/3056> and lists district, charter and DFS liaisons.

2. Identify, recommend and implement supports for improving academic performance for foster children. Timeframe: December 2015. Measure: Documentation of review of data and resulting recommendations and actions taken.

Progress Report: Youth receiving services from the contracted independent living providers seek supports to improve academic performance. Such supports include school visits to review grades and attendance. Such visits include communication with school officials to collaborate efforts to address the academic needs of the youth. The providers also attend Individualized Educational Plan and Best Interest meetings and meet with school counselors. They help locate tutors for the youth, write waivers for college and Free Application for Federal Student Aid applications to help youth in their post-secondary pursuits. They also assist youth enroll in supplemental courses such as

Twilight classes to correct credit deficiencies. The providers also strongly advocate for youth to receive board extensions which help them to remain in foster care an additional year when eligible. This added time has proven beneficial to most youth taking advantage of the opportunity. This benchmark's timeframe is adjusted to ongoing through 2019 to accommodate new educational reports and responses. See Benchmark 1 for status report on pending academic reports.

3. Participate in the Education Committee of the Child Protection Accountability Commission that is focused on system collaboration to address educational needs of children and youth in foster care. Timeframe: Ongoing to end of committee. Measure: Documentation of participation and actions taken in meeting minutes.

Progress Report: DFS continues to attend CPAC meetings as well as the Data and MOU Workgroups. Meeting minutes are located here:
<https://publicmeetings.delaware.gov/?agencyId=4>

4. Use a continuous quality improvement framework to monitor and guide foster children's academic performance by reviewing system level data and using appropriate forums (Department of Education Memorandum of Understanding or CPAC Education Committee) to recommend and implement improvements. Timeframe: June 2016 to September 2019. Measure: Documentation of CQI policy and procedure. Production of academic data reports. Meeting minutes documenting findings and actions taken.

Progress Report: This benchmark remains pending.

5. Until a CQI system is operational, monitor Quality Assurance case review reports for identification of educational needs and provision of appropriate services. Use existing DFS forums, CPAC Education Committee and Department of Education Memorandum of Understanding to address areas needed improvement and implement corrective action. Timeframe: Ongoing until CQI system is operational. Measure: Production of data reports from case reviews; meeting minutes documenting findings, recommendations, actions taken and results.

Progress Report: See Benchmarks 1, 2 and 3 for reports on use of data and subsequent activities.

Well-Being Measures:

1. Quality Assurance: Measurement is a composite score of 13 questions from the QA Case Review tools for treatment and placement on identification of needs and services provided. Goal is 90% or higher of case reviews agree needs were identified and appropriate services provided.

Performance: DE suspended the Treatment/Permanency QA Case Review instruments in December 2013. The 2015 CFSP rated Item 16. Educational Needs of the Child as a strength. Starting June 2017, DFS begins the Federal OSRI tool as the case review instrument. Subsequent reports on Items 12-18 are pending completion of reviews. This measure is revised to replace DFS' tool with the OSRI. The goal is 90% for CFSP reporting.

2. **Quality Assurance:** Measurement is composite score of 2 questions from each QA Case Review tool for investigation, treatment and placement for identification of needs and services provided for education, physical and mental health. Goal is 95% or higher of case reviews agree educational and health needs were identified and appropriate services provided.

Performance: DE suspended the Treatment/Permanency QA Case Review instruments in December 2013. Investigation case reviews found reviewers agree educational, physical and mental health needs were assessed and services provided in 86.4% of reviews (N=99). Starting June 2017, DFS begins the Federal OSRI tool and methodology to collect this information. The CFSR PIP has corrective actions and measures for OSRI Items 16, 17 and 18 covering educational, physical and mental/behavioral health needs of children. This measure going forward is consolidated with Well-Being Measure 1.

3. **Independent Living Services Report:** Measurements for young adults receiving independent living services are percent youth graduating high school or GED program, percent youth employed and percent youth enrolled in post-secondary/vocational programs. Goals are 60% will graduate high school or obtain a GED, 70% will be employed, and 35% will be enrolled in a post-secondary/vocational program.

Performance:

- 48% of youth participating in the IL Program graduated or completed their GED; 58% of youth 19 and older have their diploma/GED (CY2016)
- 35% were employed part or full time during the reporting period
- 12% were enrolled in a post-secondary/vocational program during the reporting period

Delaware reserves the option to revise measures based on release of new national standards and development of internal reports.

Measures Update: DE adopted the On-Site Review Instrument June 2017. Well-Being Measures 1 and 2 will be reported in the remaining cycle of the 2015-2019 CFSP with OSRI ratings.

D. System Supports

Goal: Provide infrastructure supporting best practice child welfare principles and values

Rationale: The agency identifies an automated case management, continuous quality improvement, workforce training and Quality Assurance Case Review systems as vital foundations to making improvements in outcomes for children, youth and their families.

Objective: Fully implement a new statewide data tracking system.

Rationale: Federal SACWIS requirements and DSCYF business needs drive the design and implementation of a new FACTS II automated system.

Outcome: A fully functional automated system that is SACWIS compliant and meets the business needs of the Department.

Benchmarks:

Fully implement FACTS II supporting an integrated child and family tracking system for the Department of Services for Children, Youth and Their Families. Timeframe: October 2017. Measure: Status reports of design, development and implementation of FACTS II.

Progress Report: The development of FACTS II was suspended in 2015. In spring of 2016, DSCYF began the development of a new, fully integrated information system, FOCUS (For Our Children's Ultimate Success). Current projected "go-live" date for this system is November 2017. Children's Bureau SACWIS representatives have been continuously kept apprised of these changes and supported the changes. Staff training for FOCUS implementation is scheduled for summer and fall 2017 for all DSCYF and community partners with profile controlled access. This benchmark is revised to align with the changes.

Objective: Design, resource and implement a continuous quality improvement system that focuses on data driven monitoring of objectives and benchmarks, as indicated, of the Plan with participation by system partners to make adjustments to practice.

Rationale: Federal guidance and agency mission to improve outcomes for children, youth and their families need structured processes to use baseline data, stakeholder input and measured accounting of performance to drive safety, permanency and well-being practice changes.

Outcome: Improved safety, permanency and well-being outcomes based on data informed shared decision making with system partners.

Benchmarks:

1. Obtain technical assistance to provide processes, analysis of data, information and organizational structure supporting objectives of this strategic plan. Timeframe: September 2017. Measure: Documentation of technical assistance.

Progress Report: This benchmark is pending. The timeframe is adjusted to reflect the corresponding CFSR PIP's 3rd quarter timeframe, December 2017. DFS adopted the OSRI as its QA case review instrument beginning June 2017.

2. Draft policy and protocols to use data-based information for all levels of staff. Timeframe: September 2017. Measure: Issuance of policy and protocol documents.

Progress Report: This benchmark is pending completion. DFS' Case Review Procedure Guide is updated effective February 7, 2017 and used for the sampling and assignment activities for June 2017.

3. Draft a communication plan supporting the distribution and use of data-based information. Timeframe: September 2017. Measure: Documentation of a CQI communication plan.

Progress Report: This benchmark is pending.

4. Develop training for staff at all levels of the organization on continuous quality improvement. Timeframe: December 2017. Measure: Documentation of a CQI training plan.

Progress Report: This benchmark is pending.

5. Implement stakeholder sessions to review data and recommend activities to improve progress towards goals. Timeframe: December 2017. Measure: Stakeholder sessions documented by meeting minutes.

Progress Report: This benchmark is pending.

Objective: Provide training and supports for a stable and competent workforce.

Rationale: Staff competencies and skills are vital to implementing Safety-Organized Practice as DFS' practice model.

Outcome: A trained, competent, experienced and stable workforce.

Benchmarks:

1. Make provisions supporting caseworker coaching and facilitative supervision. Timeframe: March 2016. Measure: Documentation of coaching and facilitative supervision through Quality Assurance case reviews and staff interviews.

Progress Report: In April 2016, the CRC facilitated a coaching institute refresher training for supervisors and management, in addition to two staff training sessions on FSNG/CSNG strategies for case planning and developing risk statements and safety goals. CPD and DFS are collaborating on the development of child welfare specific supervisor training as a part of the CFSR PIP, and coaching will be one of the training topics. This benchmark's timeframe is adjusted to December 2017.

Objective: Review and update the Quality Assurance Case Review System

Rationale: Since the implementation of *Outcomes Matter*, DFS' Quality Assurance Case Review System needs to be reviewed and updated.

Outcome: A Quality Assurance Case Review System that includes measures for current practice model activities, processes and outcomes.

Benchmarks:

1. Take appropriate steps to implement a new Quality Assurance system or review current system for sample size, reliability and inclusion of Safety Organized Practice measures. Timeframe: October 2016. Measure: Documented review of case review sampling methodology, inter-rater reliability and SOP updates.

Progress Report: DE adopted the federal OSRI tool June 2017. DE uses the OMS site for recording findings and running various reports. DFS' Case Review Procedure Guide is updated effective February 7, 2017 and used for the June 2017 sampling and assignment activities. This benchmark is complete.

Feedback Loops

See Section I General Information and Collaboration for discussion of this reporting period's consultations with stakeholders. Also see Benchmark Progress Reports in Section III for descriptions of child welfare partners sharing information and data, and actions taken.

IV. Update on Service Description

Stephanie Tubbs Jones Child Welfare Services Program -Title IV-B, subpart 1

See Section IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP for description of child welfare services. As for updates and progress reports on child welfare services, see Section III Update on Progress Made to Improve Outcomes; also see V Statewide Community Service Partner Updates, OCCL.

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

See Section IV Services: Child and Family Services Continuum and Description in the original 2015-2019 CFSP for description of PSSF services. For PSSF updates and progress, see V Statewide Child Welfare Partner Updates, Internal Partners and section XVII Grants.

Populations at Greatest Risk of Maltreatment

Delaware has determined the populations at greatest risk of maltreatment to be at-risk families and children targeted by PSSF programs serving areas with high incidents of child abuse and neglect reports, referrals from childcare providers for behavioral health, referrals from school personnel, early intervention services, substance-exposed infants, and children with developmental delays. Legislation (HB 140) was introduced in April 2017 to codify hospital reporting of drug-exposed infants and Fetal Alcohol Syndrome Disorder (FASD) children to DFS and the development of a Plan of Safe Care prior to discharge of the infant. Activities Delaware has taken to target these populations are described in Section III Update on Progress Made to Improve Outcomes, Section IV Promoting Safe and Stable Families Program, Section V Statewide Community Service Partner Updates and Section XII CAPTA Update.

Services for Children Under the Age of Five

Delaware Thrives

Delaware Thrives is the statewide, multi-agency initiative to identify young children at risk for health or developmental challenges and ensure that these children and their parents and families have easy access to information and services. Several programs of this initiative specifically focus on the population of children under age 5:

2-1-1 Help Me Grow

The United Way of DE, with funding from the Division of Public Health (DPH) implemented the Help Me Grow Initiative in 2012. Help Me Grow (HMG) was first started as a pilot in Hartford, CT, in 1998 as a community effort to identify at-risk children and effectively and efficiently link them to services. Its effectiveness has led to 13 states now adopting this approach.

The core service of HMG is the statewide free 2-1-1 call center, which is staffed by case managers who are specially trained to assist parents of young children identify and connect with appropriate resources and services. HMG 2-1-1 also serves as the central point of entry to the State's expanding continuum of Evidence-Based home visiting programs, which include the Healthy Families America, Parents As Teachers, and Nurse Family Partnership Programs. The

case managers provide triage to help families determine the program that most appropriately meets their needs and then facilitates their connection to that program.

Another component of HMG is to promote developmental screenings statewide. As part of this initiative, DE has developed capacity through the HMG website for pediatricians and primary care physicians to utilize the PEDS Screening online. Additionally, HMG has provided training for all home visiting programs and DFS to utilize the Ages & Stages Questionnaire (ASQ) as the developmental screening tool for non-medical providers. Widespread dissemination of the ASQ is also occurring throughout DE STARS Program, the Quality Rating System for early childcare. The goal is to have standard assessment measures that can be shared as children move through the system, to both inform the planning for their needs and to track progress over time.

Statewide Neonatal Abstinence Syndrome Workgroup

In response to growing concerns about the increasing numbers of infants being born with drug exposure, especially to opiates, the maternity hospitals in DE formed the Statewide Neonatal Abstinence Syndrome Workgroup. This workgroup includes physicians and nurses from Christiana Health Care Systems, Bay Health Hospital, Beebe Medical Center, St. Francis Hospital, and representatives from DFS. The workgroup has focused on researching treatment protocols for Neonatal Abstinence Syndrome and advocated for consistent implementation of these protocols statewide. DFS has participated in the workgroup to reinforce collaboration with the hospitals as they assess appropriate and safe discharge plans for these infants.

Birth to 3/Child Development Watch

It has been the DFS' policy for many years to screen all children, not just foster children, from birth to age three for disabilities or developmental delays. Child Development Watch is the statewide early intervention program for children ages birth to 3 that is managed by the DHSS' Division of Public Health. The program's mission is to enhance the development of infants and toddlers with disabilities or developmental delays and to enhance the capacity of their families to meet the needs of their young children.

Participants are referred to CDW through the central intake office. Referrals are completed by DFS workers, children's pediatricians, parents and caregivers. Delaware has created a special partnership in which dedicated CDW employees serve as liaisons to DFS to ensure that children involved in the child welfare system are identified and receive the appropriate level of case management. A multi-disciplinary team of CDW staff and DFS staff meet in bi-weekly triage meetings for review of cases with DFS involvement. This approach ensures that information is appropriately collected and shared so that comprehensive case planning is supported while children are in their homes or if they are placed in foster care.

CDW has a family-centered focus and an integrated services approach. The needs and services of infants and toddlers and their families require a collaborative, multidisciplinary approach. Services and supports should occur in settings most natural, comfortable for the child, and family. The development of a natural system of supports within a family's community is promoted at all times. Families of infants and toddlers with disabilities or developmental delays in all areas of the state receive comprehensive, multidisciplinary assessments of their young children, newborn through 36 months, and have access to all necessary early intervention services. The system maximizes the use of third party payment, and avoids duplication of effort. Services are provided at the highest standards of quality, with providers being required to meet appropriate licensing and credentialing guidelines.

CDW is a voluntary program and at times, parents, foster parents and relative guardians do not wish to pursue services, including initial evaluations. Overcoming these barriers includes parent education, which can include referrals to Parents as Teachers, the Parent Information Center. The program also has transportation services, as well as translator services for families who do not speak English. Data is collected and analyzed by Division of Public Health staff.

The CDW Program partners with DSCYF, other DPH services, and the providers of CDW services, including Christiana Care Health Systems, Easter Seals, Bayada Home Nursing, and Res Care. These specific agencies have contracts for services through the DPH. DHSS monitors the program's outcomes and reporting for the IDEA/Part C for federal compliance. (See Attachment: Child Development Watch Statistics)

Delaware's B.E.S.T. for Young Children and Their Families

Delaware's B.E.S.T.* for Young Children and Their Families (*Bringing Evidence-Based System-of-Care and Treatment) is administered by the Delaware Division of Prevention and Behavioral Health Services. Just a few years ago, mental health services for young children (birth to 5 years old) were minimal and families in Delaware needing help for their children with severe challenging behaviors had nowhere to turn. Additionally, incidents of expulsions from public preschool setting were at an all-time high with Delaware ranked 4th in the nation for preschool expulsion. In 2008, DPBHS received a multi-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address mental health services for Delaware's youngest population, children birth to 5 years. Over the last several years, a system-wide transformation has been underway to serve Delaware's youngest population through services and supports that promote social and emotional wellness.

The program's efforts center on creating a well-developed and sustainable statewide family-driven system of care for young children, birth to 5 years, with serious emotional disturbances and their families providing clinically appropriate services and supports that address the individual needs of children and their family and use evidence-based interventions and practice. Enhancements to the clinical community and early learning programs that increase core competencies to serve young children with Serious Emotional Disabilities are critical. The goals of this initiative are two-fold:

- Create capacity in Delaware's statewide public children's mental health system to serve young children aged birth to 5 years with serious emotional disturbances and their families in the community using SAMHSA recognized evidence-based practices: Parent-Child Interaction Therapy (PCIT), Trauma Focused-Cognitive Behavior Therapy adapted for the young child population (TF-CBT), and Attachment and Bio-Behavioral Catch-up (ABC)
- Create a system of care for children in early childhood with a broad array of accessible, clinically effective, individualized and fiscally accountable services.

With the framework of system of care, the key elements of these goals are to increase access to mental health treatment for very young children and their families; use evidence-based practices; create a continuum of community-based services and support; and ensure services are provided within and across a seamless system. Services and supports are planned and managed within a team framework which includes the child and his/her family and whatever natural and multi-system supports are available to meet the unique clinical, functional and cultural needs of each child and family. Through the Delaware's B.E.S.T. for Young Children and Their Families initiative, therapists are receiving training in proven treatments; early childhood providers are

learning new skills to address challenging behaviors; families are participating in effective treatments with their children; and most importantly, children and their caregivers are experiencing healthier family interactions.

PCIT is an evidence-based mental health treatment for young children (ages 2-7) with behavioral difficulties and their families. It is a short-term, assessment-driven intervention where parents and children are required to develop and master a set of skills. PCIT focuses on improving the quality of the parent-child relationship and changing parent-child interaction patterns through a live coaching format. The treatment is designed to reduce defiant and aggressive behavior in young children and to ultimately prevent future negative outcomes associated with antisocial behaviors.

TF-CBT is an evidenced-based mental health treatment intervention effective for children who have experience traumatic events such as sexual and/or physical abuse, neglect, are a witness to violence, an incident of loss and tragic incidents. Working with a therapist over 12 – 16 weeks of office based sessions, children and families learn how to recognize trauma related problems, develop skills to manage troubling behaviors and ways to cope with difficult memories.

ABC is an evidence-based intervention with proven effectiveness for very young children, birth to 3 years and their families. ABC is a short-term, targeted, attachment-based intervention program designed to promote sensitive caregiving behavior. The intervention addresses developmental concerns of very young children who have experienced early adversity and includes parent training which has been proven to positively impact outcomes among these children. The parent-training includes ten sessions conducted on a once a week basis. Specially trained Parent Trainers work with the family during each session, all of which occur in the family's home. During the training sessions, the caregiver learns strategies to enhance the child's development. ABC is available statewide for the infant and toddler population and their families. Foster families are a subset of those families eligible for services.

Delaware's B.E.S.T. continually pursues effort to expanding the birth-to-five system of care. This initiative provides on-going training to advance the evidence-based practices (PCIT and ABC) and system of care development along with training and technical assistance in adaptation to PCIT that strengthen staff competencies of professionals working in early care and education programs. It is critical that the early learning community can effectively, in an inclusive environment, serve children with behavioral challenges, support the healthy social and emotional development of all children and ensure children are well positioned and ready to learn when they enter kindergarten.

Delaware's B.E.S.T. is a collaborative effort across the comprehensive early childhood system, including work with the Division of Family Services, Office of Early Learning, DHSS, families, licensed early care and education providers and prevention, early intervention and mental health providers.

Help Me Grow, Statewide Neonatal Abstinence Syndrome Workgroup, Foster Care Screening and Consultation, Birth to 3/Child Development Watch and Delaware's B.E.S.T. for Young Children and Their Families will continue to serve children under the age of 5 for the 2015-2019 Plan period.

Foster Care Screening and Consultation

Located in the Division of Family Services' Office of Evidence-Based Practice, the screening and consultation unit (SCU) provides effective screening for children who enter foster care, and these screenings are scheduled to take place within 4 weeks of entering care. Children under the age of 5 receive specialized screenings using the Ages and Stages Questionnaire, Child and Adolescent Needs and Strengths (CANS), and Trauma Symptom Checklist for Young Children (TSCYC) tools. Findings are shared with caseworkers, supervisors and DPBHS treatment coordinators to follow up on recommended services. During CY2016, 219 children age 4 and younger received screening or consultation services. In addition, case consultation is provided by staff psychologists to assist with treatment planning and the consultant pharmacist provides oversight and monitoring of psychotropic medications. Cases of children under 5 who are prescribed psychotropic medications are given extra attention and preauthorization is required for any child under 6 who is prescribed antipsychotic medications. In addition, staff coordinate with caseworkers and providers to ensure that these children are also engaged in psychosocial interventions as appropriate.

Permanency for Young Children

Children under the age of 5 are reviewed by the caseworker and supervisor, Court Appointed Special Advocate (CASA)/Guardian ad Litem (GAL), Deputy Attorney General (DAG) and local Permanency Planning Committees in each region for fast tracking to permanency, if early indications are the child cannot return home, birth parents had prior involuntary termination of parental rights, birth parents have felony convictions and maybe incarcerated, or birth parents whereabouts are unknown. The Permanency Planning Committee meetings include DFS managers and supervisors and community providers. Young children are prioritized for reviews and are reviewed frequently by DFS and the court until permanency is achieved. For children age 5 and younger, the caseworkers continue to look at past history with DFS and consult with legal counsel for further discussion or unless directed by the court to refer the case to the PPC. Supervisory case conferences focus on the permanency planning efforts and activities for the younger children. All of the children in foster care needing permanency are referred to the MY LIFE Program, child specific recruitment and family search services as needed and as appropriate. From April 1, 2016 through March 31, 2017, there were 564 children reviewed by the PPC statewide. DFS continues to focus on the children ages 5 and under. Of the number of children reviewed, 266 children were ages 5 and under or 47%. This increase is due to the fact that there have been more children placed in foster care in the past 12 to 18 months due to parental substance abuse issues, mental health issues with the birth parents, incarceration and homelessness. Also, 61 of those children had an early review by a PPC statewide.

Services for Children Adopted From Other Countries

DSCYF/DFS does not gather data for the number of children adopted from other countries. As of May 8, 2017, there is no report posted on the state government website for 2016 data. See below. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

DFS has a contract with ABCFOC to provide post-adoption services for children in foster care. The agency has a 24-hour hotline for families in crisis. The activities include information and referral, crisis assistance, statewide trainings on adoption-related topics, support groups for parents, therapy and support groups for children, Love and Logic parenting, Rec N Respite, and parent/child bonding workshops. In addition, ABCFOC provides parent training workshops with various speakers at a minimum of 6 times throughout the year and statewide. Some of these support groups and activities are in conjunction with referrals from DFS foster care, private

agency adoptions, other state adoptions, international adoptions and the families themselves seeking post adoption training and support services. Referrals for post-adoption services have increased in recent years. During this reporting period from April 1, 2016 to March 31, 2017, 80 children attended post-adoption support groups. Those children were adopted from DE foster care, adopted from other states and residing in DE, and international adoptions. Fifty-six children received post-adoption services through crisis intervention and case management services. Two of those children receiving post-adoption services were adopted from Russia. Those 2 children are from 2 different adoptive families with no relationship to one another. Another 11 children receiving services had been adopted in 9 other states and relocated to DE.

V. Statewide Child Welfare Partner Updates

Internal Partners

Promoting Safe and Stable Families Program (PSSF) -Title IV-B, subpart 2

The U.S. Department of Health and Human Services, Administration for Children and Families, Title IV-B subpart II, Promoting Safe and Stable Families Program (PSSF) received federal funding to implement Family Support and Family Preservation services. The Title IV-B subpart 2, Family Support and Family Preservation funds are combined to provide a continuum of services whose primary functions are to support communities in the development and implementation of services that help children and families stay together, when safety can be assured. The program builds on family strengths, increases family stability, provides opportunities to improve the parent's capacity to meet their children's needs and focuses on prevention and early intervention services that alleviates family crisis and stressors in an effort to prevent child maltreatment and enhance child well-being. The Promoting Safe and Stable Families Consultation and Support Program (PSSFCS) is administered through the Division of Prevention and Behavioral Health Services (DPBHS). The program services are provided through a universal/targeted/indicated approach focusing on providing supportive services intended to reduce the occurrences of child maltreatment by addressing the four associated risk factors which are: (1) parental characteristics, (2) developmental and behavioral characteristics of children, (3) absence of resources and services and (4) crisis and stress.

The intervention of the PSSF Program focuses on increasing the protective factors of children and families, thus stabilizing and preventing the need for out of home placements/deeper end services. The goals of the PSSF Consultation and Support program are:

- 1) To reduce life stressors that may negatively impact family functioning and child well-being, while helping families access needed services
- 2) To build family skills and strengthen family functioning
- 3) To reduce the risk of child maltreatment

The four community based organizations contracted that provide family preservation and family support service of the PSSF consultation model in six sites offered an array of services needed to support families experiencing stressors that could lead to child maltreatment. These services included family counseling, adult and youth mental health services, substance abuse services, youth programing, employment training/placement, housing counseling, emergency services, parenting and other related services designed to address the stressors experienced by care-givers of children birth – 18 years of age. There are six PSSF program contract provider sites throughout the state that will serve 1800 individuals and 360 families per year. Services are concentrated in zip code areas throughout the State reported to receive the highest number of abuse and neglect referrals.

In October 2016, DPBHS-PSSF released a Request for Proposal seeking to award contracts to community-based organizations that proposed to provide family support and family preservation services of the PSSF consultation model to at risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties reported by DFS to have high levels of children abuse and neglect referrals in 2015. Outcomes will be reflected in the FY2019 ASPR.

PSSF Service Data Report for the period of review September 2015- August 2016:

During the service period of September 2015-August 2016, the PSSF consultation and support program served 962 children, 653 adults and 474 families. During the period of this report, there were 4% less children served and 6% less adults served than in FY2014-15. This reduction is largely the result of skills and confidence gained through family member participation in the PSSF consultation process, where families were empowered to recognize their enhanced ability to address their children and family needs. Informal and formal support systems assist the family to reduce the risk factors that could lead to child maltreatment. Of the 6 PSSF provider sites, 4 sites achieved the contract deliverable of connecting 300 individuals to appropriate resources.

During the service period of 2015-2016, the PSSF consultation and support program served 170 adult males head of household or single parents as primary caregivers statewide. Of those adult male participants actively engaged in the PSSF consultation process, 12 were referred to DAB Mediation Consultant, LLC. DAB Mediation Consultant mediates disputes involving all family matters, divorce, work place, land lord/tenant, juveniles in school and domestic violence where a holistic approach is used in conflict resolution through mediation while providing personalized services that accomplish mutually acceptable agreement by facilitating the communication between the parties. They also offer programs with employment and training as a focus. Their programs, such as “Court Smart”, promotes responsible fatherhood and strong family values. DAB Mediation Consultant, LLC is committed to a holistic approach in mediation.

During this service period, 6 adult males were referred from DFS. Referrals from DFS are given priority when scheduling appointments in order to expedite reunification of the family. Occasionally, PSSF receives referrals from the Division of Child Support Enforcement, where fathers are empowered to seek services to aid in understanding their rights in family support and Healthy Adult Relationships, which would aid in lessening parental conflict in order to work together for the well-being of their children. PSSF also receives referrals from the Division of Social Services (DSS). During this reporting period, 127 referrals were made to the PSSF program from DHSS for networking for crises as well as skill building to lessen stressors.

Service Data Sampling:

During this service period, 41 of 200 consultations with 2 achieved family goals, were analyzed. There are a multitude of barriers reported by participants’ for not utilizing formal or informal supports. The top 10 barriers reported from the sampling are: 9-“Other”-Vendor not returning calls/no funds/did not need services/appointment was scheduled; 5-“Did not follow through”; 0-“No barrier”; 4-“Services unavailable”; 1-“Ineligible”; 2-“wait list”; 3-“Can’t afford”; and 8-“Lack childcare”. Upon the identification of barriers, the Family Consultant provided additional resources to eliminate the barrier, enabling families to remain intact and stable.

Quality Assurance Review:

The PSSF Satisfaction Survey is completed at case closure, and provides participant's feedback and help to determine the effectiveness of the direct services being provided by the contract providers of the PSSF program and of the PSSF Family Consultant. The PSSF program started analyzing the results of the surveys the 4th quarter of FY2016. A sampling of 55 program satisfaction surveys yielded the following findings. Eighty percent reported to be highly satisfied with the program, while 20% were satisfied with the overall services delivered. This response is in reference to the universal satisfaction questionnaire implemented by DPBHS June 2016. For each of the 23 questions in the survey, over 95% of the caregivers sampled "agree or strongly agree," indicating a high level of satisfaction with the PSSF consultation and support program. Of the samplings, 22% represent participants of Sussex County, 75% represent participants of New Castle County, and 3% represent Kent County. Of the sampling, no participants expressed dissatisfaction with the PSSF program or the services provided. The Satisfaction Survey seeks to further assess the program participant's level of satisfaction in their ability to identify their family concerns and develop a plan to address the identified needs, and the family's ability to access supportive resources to support the reduction of situational crises. Finally, a component of the Satisfaction survey provides the participants an opportunity to convey their level of satisfaction with the Family Consultant's ability to provide guidance through the consultation process. The areas of focus are:

- **PSSF Site Location:** Of the 55 participant samplings, 77% of the responses strongly agreed that the PSSF program is located in an environment that is respectful and welcoming with hours that meet the community needs; 16% Agreed, and 7% Slightly Agreed.
- **Skill Building through the Consultation Process:** Participant skill building responses were: 79% of the sampling Strongly Agreed that they were able to successfully identify and address family needs, 17% Agreed, and 6% Slightly Agreed.
- **Demonstration of Consultation Core Competencies:** The program participants' level of satisfaction of the Family Consultants' performance of core competencies yielded 81% Strongly Agree, 14% Agree, and 5% slightly agree the family consultants demonstrated competency in the delivery of the consultation process.

Of the sampling, 100% of the responses showed that the consultation process empowered families to achieve their short-term goals and gave them the skills and confidence to complete an intervention plan to stabilize the family, ensuring the well-being and safety of their children.

DPBHS developed workgroups, and PSSF is participating in Workgroup #6, which is tasked to "Increase Capacity to Provide Quality Prevention Services". There are 5 objectives that this workgroup is tasked with establishing performance indicators for, which are: 1. Investigate prevention grant opportunities; 2. Increase evidence-based practices throughout the Prevention and Early Intervention Programs; 3. Develop measurable outcome for all services; 4. Data driven decision making; and 5. Develop staff training opportunities. Performance indicators were established for objectives 2 and 3, utilizing funded grant and program pre- and post-service tools.

PSSFCS continued to monitor and provide ongoing training on the usage and scoring of the consultation tools during FY 2015-2016. The current tools used in the consultation process and for the service of resource connection are: Family Stressor and Resource Assessment (FSRA) and Scoring Sheet; Family Needs and Social Support; Family Assessment and Intervention Plan (FAIP); Participant/Client Satisfaction Survey and the program Daily Service and Activity Log. The Family Consultants continued to receive ongoing training in the implementation and critical

assessments of the participant scoring and clarification of the meaning of the FSRA pre and post assessment tool.

PSSF Program Activities September 2015-August 2016

PSSF Program Monitoring:

Monitoring of the contract providers' implementation of the consultation process occurs a minimum of once in a five year bid cycle. Service monitoring was conducted in 2015–2016, utilizing a program specific monitoring tool assessing the implementation of the consultation process, the implementation of the process assessment and planning tool, the use of family support principles and resources, and assessing the community service collaborations.

The service period of FY2015-2016 resulted in five PSSF provider sites achieving the contract deliverable of connecting 250 individuals to appropriate resources. The average number of individuals receiving family support/family preservation services was 269 persons per site. The outcome of the fidelity monitoring site visits assessed the program model is implemented according to the model procedures.

Peer review in the PSSF program is the evaluation of the Consultation and Support process between the contracted service providers and the family consultants in order to maintain/enhance the quality and fidelity of the work, and the performance and delivery of the consultation process. The PSSF Peer Review process was based on the concept that a “peer” family consultant can identify areas of weakness, errors and service fidelity in practice. It also provides an impartial evaluation of the work than the person or group responsible for creating the work or performance.

Once a quarter the PSSF family consultants evaluate each other's closed consultation files (minimal of 3 cases per site) utilizing the review tool developed by PBH-PSSF. The reviewers evaluate the work of fellow family consultants, noting strengths, weaknesses and critical assessment skills in assessing the participants' responses on the Family Stressor and Resource Assessment tool used to guide the establishment of the service plan. A self-assessment of program fidelity is performed. The reviewer provides acknowledgements of practice performance and suggestions to strengthen service delivery. The reviewer's comments are documented on the “PSSF Peer Review Tool”, shared with the peer family consultant and discussed with the reviewer. The implementation of the Peer-to-Peer case review has reinforced the program data submission process and file order. The family consultants have begun to exchange best practices supporting the implementation of the PSSF consultation process supporting successful service implementation. During this service period, there was one peer review conducted March 2016. The peer review revealed that the family consultants were becoming more proficient in the completion of the service tools in the Consultation and Support Process of the program. Another finding revealed an increase in critical assessment skills as documented in the Family Stressors and Resource Assessment by the Family consultant. An increase of these skills are necessary to the Consultation and Support Process as the consultant continues their work with the parent to address risk factors such as child factors or lack of resources and supports that can contribute to child maltreatment.

PSSF System Supports: FOCUS system

In May 2016, the Department began its efforts to develop a new data management system - FOCUS. PSSF participated in various phases and activities of FOCUS design, PSSF is currently engaged in the Incremental User Acceptance Testing phase of FOCUS, working towards a final product to be implemented in the fall of 2017.

Until FOCUS is operational, excel workbooks houses PSSF program data on family demographics, Pre/Post Assessment Scores, participant's zip codes, Family Needs and Social Support Scale and Assessment & Intervention goal obtainment. These tools support PSSF's ability to provide administrative reports and summarize service data.

PSSF Provider Trainings and Support September 2015-August 2016:

PSSF family consultants convened 5 statewide provider meetings. The family consultants received a series of booster trainings with a focus on family engagement. The Children's Department began implementing family engagement in their programming and service delivery as of 2014. Our contractor's use the System of Care and Family Support Principles that drives the Consultation and Support Process. These principles utilized in our practice sustains the engagement of families in our program. The family consultants participated in creating engagement, recruitment and retention strategies to serve families. The consultants reviewed their roles and responsibilities as outlined in the scope of services to ensure effective service delivery in the PSSF program as well as the Delaware Fatherhood and Family Coalition (DFFC). Family consultants received program specific instruction in the implementation of the consultation process, in the identification of needs and supports around community collaboration, engagement and retention and the implementation and interpretation of the program's FSRA assessment tool. As a result, the consultants became more proficient in their ability to work with families and the community.

PSSF Community-Based Trainings:

Each consultant has attended a variety of community-based trainings and conferences in an effort to build their skills and competencies in the Child Welfare/Family Support/Family Preservation arena during FY 2015-2016. PSSF sites are responsible for updating their community resources and forging collaborations that will prove to be beneficial to the families that we serve. The trainings conducted addressed a multitude of domains ranging from Ethics, Substance Abuse, Coalition Building, Fatherhood, Emergency Assistance, and Mental Health. The Prevention Conference hosted by DPBHS offered 5 CEU's per day.

PSSF Outreach Events:

The family consultants participated in various community outreach events during FY2016. They distributed information/resource materials regarding PSSF and DFFC programs to attendees. Below is a brief description of the collaborative activities the consultants engaged in:

- **Restoring Central Delaware Community Fair - Our Vision for Vitality**, sponsored by NCALL, City of Dover Police and CenDel Foundation with over 300 participants informed of upcoming events and programs.
- **Stevenson House Resource Fair** (Parents Day) - July 12, 2016. The Resource Fair gave the families of children in the detention center the opportunity to gather information from over twenty vendors displaying their products and services.
- **Wrap Around** (Services for aging out foster youth) - Seaford House, attendance 15. Murphy School staff, attendance 30.
- **Maranatha Resource Fair** (Homeless) – Hosted by the Maranatha Church members, the vendors such as the Department of Labor, FSCAA, PSSF/DFFC Victory Chapel/Tiny Houses, and Link of Love Support Group convened to inform attendees of the state of homelessness in Dover, 60 attendees. Recruited one member for DFFC.
- **Restoring Central Dover & Mt Zion Church** (Back-to-school Community Affair) – Hosted by Mt. Zion Church, Calvary Baptist, Solid Rock FSCAA/PSSF/DFFC, Department of Elections and other community agencies, 400 attendees.

- **La Red** (Community outreach events) La Red Baby Shower Millsboro and Milford. Demographic; Pregnant women. Attendance 110.
- **Sussex County Health Coalition**
- **Love Inc.** (referrals and referring)
- **State Service Centers** (referrals)
- **Casa San Francisco** (Catholic Charities)
- **Children and Families First** (receiving referrals)
- **Sussex County Homeless Planning Council**
- **Stand by Me Financial Literacy Program** (coordinating, referring and having clients referred)
- **Mindfulness workshop** (Families in Crisis) Demographic: people in helping careers (social workers, crisis workers). Attendance 50.
- **Multicultural Center Code Purple Coalition** (cold weather shelter coordination)
- **Ace Peer Center** (referrals)
- **Connections** (rapid re-housing and counseling services)
- **Western Sussex Boys and Girls Club** (workshops for families and PSSF participants) Trunk or Treat. Attendance 300
- **Sussex County Action Prevention Coalition** - Prevention programs in Sussex County Schools, an annual anti-drug youth conference, and parents education on substance abuse and suicide prevention.
- **Delaware Children’s Museum, Hagley Museum and Library and Delaware Museum of Natural History** - The Museum contributed “Tickets” for raffle to families in honor of “Father a Family Community Wellness Day” with 1,000 attendees. The families that won the raffles have the opportunity to take their children to the museum, to learn all sorts of educational and fun things to do.
- **Faith-based Communities – Statewide** - To strengthen the relationship between the Delaware Fatherhood & Family Coalition in all three counties and the Faith-based Communities, whom are an excellent source to help spread the word to our young fathers about the importance of being in their children’s lives, either connecting for the first time and/or re-connecting, along with building membership. Several churches throughout the State were invited by the Family Consultants to attend the play “Samson” at “Sight & Sound”. There were 45 attendees.
- **Empowering Dads** – Georgetown Library. The Kindness Corner offers parent/child activities and support or encouragement to fathers and male role models.
- **Prestige Academy – Charter School**. Members from the New Castle County CLC welcomed all males on their first day of school. Twelve men dressed in their business attire encouraged young males to do their very best and provided well wishes for the beginning of their scholastic journey.

The PSSF Program disseminated approximately 3800 pieces of fatherhood and co-parenting literature, father tips, DFFC fact sheets and child development in their participation as service exhibitors during the following activities: 1. Child Abuse Awareness Month; Domestic Violence Prevention Month; 2. School Readiness Conference; 3. South Bridge Day; 4. African American Festival; 5. Sussex Hispanic Festival; 6. DFFC 2016 Fatherhood Awards Ceremony; 7. Saving Our Sons Awards Luncheon; 8. Dad’s Take Your Child to School Day; 9. AIDS Delaware “Do the Right Thing” recognition ceremony; and 10. 2016 Father and Family Wellness Day.

Delaware Fatherhood and Family Coalition (DFFC):

There are 4 objectives of the DFFC:

Objective 1: Increase Community Awareness of and commitment to father involvement in the lives of their children.

- Community Dialogue – Facilitated by a DFFC trained Ambassador at local Salons and Barbershops and other businesses to create an open dialogue, share information and provide tips and educational material.
- Presentations - DFFC members interacting with the segments of the community through presentations, participating in community events and community discussions.
- Promotion - Utilization of diverse venues to convey the importance of positive fatherhood involvement and healthy adult relationships when safety is not a concern, therefore increasing the awareness of the importance of father involvement, effective co-parenting and the promotion of the coalition and its efforts.
- Conduct community driven evidence based fatherhood and motherhood trainings curriculums developed by National Fatherhood Institution (NFI).

Objective 2: Stimulate a broad-based positive social movement to combat father absence and promote father involvement.

- Support the assembly of DFFC County Leadership Coalition's (CLC) monthly membership meetings to organize, plan and take the necessary steps to implement the activities to achieve the DFFC's goals and objectives.
- Support the elevation of the DFFC to become a driving force on Fatherhood in Delaware through developing operational and functional policies and procedures.
- Increase the number of trainers in each County by two.

Objective 3: Provide Fatherhood and Healthy Adult Relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.

- Build and enhance service collaborations and partnerships, supporting increased access to supports and resources to assist parents navigating through systems related to parent/child relationship, positive co-parenting, and rights and obligations of parents in child rearing.
- Encourage opportunities for networking among community providers, stakeholders and parents.
- Promote Fatherhood and Healthy Adult Relationship services and activities by DFFC members. Create venues for a diverse segment of the population to become more knowledgeable about parenting and co-parenting and the impacts of parental involvement.

Objective 4: Promote Fatherhood and Healthy Adult relationship services and activities by DFFC members.

- Increase membership of private, non-profit, Faith-based and for-profit organizations by 5%.
- Activate existing member participation in the County Leadership Coalition overall by 10%.
- Develop a resource guide from the members who offer services.

During the 2015-2016 service period, DFFC continued to expand efforts to use multiple forms of communication to promote activities, raise awareness and generate membership. This strategic approach reaches a greater number of the targeted population possible in a time efficient and cost effective manner for the DFFC. All communication/advertisement of the Coalition uses positive visual images of fathers and families engaged in positive relational activities. The DFFC publishes 4 quarterly newsletters a year providing updates on the Coalition's involvement with other service organization, community-based efforts, trainings and workshops and other community father initiatives throughout the state. The newsletter is disseminated electronically via email, Facebook, Twitter, Pinterest and the DFFC website. Through the expansion of the

Website function in 2015-2016, the DFFC was able to support demographic data reporting on CLC community events. Other expanded functions of the DFFC websites:

- Established fathering and co-parenting workshop sessions via Go-To-Training webinars hosted by “Go-To” Citrix Online Audio/visual platform. The webinars were conducted during one quarterly leadership training from April –August 2016. During the period of this report webinars held were: “What is Active, Engaged Parenting?”; Father Health and Impact to Family; Families Coping with Mental Illness and Substance Abuse issues.
- DFFC hosted its 3rd Annual Awards Ceremony to celebrate the accomplishments of those who work and are committed to Fatherhood and Healthy Adult Relationships as it pertains to effective co-parenting for the well-being of the child. The awards ceremony acknowledges and highlights fathers, mothers, agencies and organizations, faith-based leaders, entrepreneurs, individuals of the community as well as DFFC members, demonstrating their passion, commitment and making a difference in the lives of children, fathers and families in the State of Delaware. There were 217 people in attendance, including dignitaries such as Secretary Carla Benson-Green and the Mayor of Dover, Robin Christianson, as well as community, faith-based leaders and families. The corporate sponsor of the 2016 DFFC Awards Ceremony was United Healthcare Community Plan division. The number of attendees: adult males 81, adult females 109, male children 8 and female children 19.
- DFFC has successfully hosted a total of 5 Fatherhood and Family summits, providing over 40 workshop sessions addressing: Effective Coalition Building; and various components of fatherhood. In 2015 and 2016 DFFC did not host the annual Delaware Devoted Dads Summit, as the Fatherhood Initiative statewide coordinator community position was pending. Coalition members plan to host a 2017 summit. There has been over 1064 participants of the DFFC Fatherhood & Family summits.
- DFFC continues the use of business catalyst platform for online registration for all of the DFFC and CLC trainings, workshops and community events.
- During the period the service period of the report, DFFC continued to maintain the volunteer staffed website committee, stabilizing the operation and the website to continue to provide universal distribution of fatherhood and effective co-parenting information, training opportunities and provide fatherhood resources. The DFFC improved the functionality of the website to provide enhanced webinars, web-based training, web-based coalition meetings and surveys. Between August 2015 and August 2016 there were 43,543 website visitors.
- DFFC sent 30,639 emails to a membership of 573 from August 2015 to August 2016.

County Leadership Coalitions Infrastructure Operational Update:

The DFFC’s work on its infrastructure is designed to accomplish and build a self-sustaining coalition which can carry out the statewide strategic priorities. The CLCs established operational protocols/procedures for membership recruitment and training. The CLC community members took the lead in the implementation of the CLC functions in Kent, New Castle and Sussex Counties. The leaders of the CLCs, with the Sussex CLC serving as the executive CLC, revised the roles and responsibilities of the CLC leadership positions for the 2016–2018 service terms.

CLCs in all three counties held 36 monthly membership meetings, providing an opportunity for community members to receive information on effective co-parenting, family communication and parent/child interaction during the fatherhood presentation that is provided at each CLC monthly meeting. Each CLC developed and maintained specific plans for their County Level

Project Charter effective April 2016 thru August 31, 2016. Each Project Charter is aligned with the four strategic priorities of the DFFC.

During 2015–2016, community activities that the DFFC county leadership committee partnered with, collaborated and or sponsored were:

- Kent, New Castle and Sussex CLC partnered with local barbers in a winter coat and shoe drive statewide they collected and distributed over 300 coats and 87 pairs of shoes statewide.
- Kent, New Castle and Sussex CLC hosted a community dialogue session titled “Active Fatherhood”, promoting the importance of fathers actively participating in the lives of their children. There were 48 satisfaction surveys completed rating the session content to be above their expectation.
- The CLCs in all three counties hosted the annual DFFC “Tea@Two event”, acknowledging the importance of Mother Involvement in the fatherhood movement and protective factors embedded in children and their families when parents effectively co-parent. Statewide, 68 adults and 19 children attended. The event highlighted the roles females have played in the DFFC’s fatherhood movement from its commencement. The involvement of fathers in the family is a major influence as a protective influence, lessening a child’s vulnerabilities. The healthy interaction/communication among parents in raising children is vital in providing direction of guidance and support in a child’s life. Each CLC Tea had a keynote speaker addressing women’s positive impact in the Fatherhood Movement. The DFFC continues to promote father involvement for child and community safety and well-being.
- Kent, New Castle and Sussex CLC, in partnership with the Delaware International House of Pancakes, held a father and child event entitled “Bring Your Father to Breakfast” in recognition of Father’s Day supporting father-child involvement for the 3rd year. Statewide, 116 adults and 67 children attended. This Father’s Day event encouraged children and families to bring their fathers out to breakfast and participate in a family dialogue addressing the importance of father involvement in the lives of their children. CLC leadership informally interacted with the families, and shared information about the DFFC. CLC Presidents all spoke on the importance of the positive impact a “father” has on the lives of his children and family.
- Kent, New Castle and Sussex CLC, hosted the 3rd annual 2016 Father & Family Community Wellness day in August. The event supported positive parent–child and family engagement in leisure activities. Statewide, 568 adults and 839 children participated. The DFFC-County Leadership Committees’ Community Wellness Day is hosted in collaboration with the Promoting Safe and Stable Family Program, First State Community Action Agency, Neighborhood House, Inc, Jewish Family Service and Connections, CSP and various faith-based DFFC partners. Each Community Wellness Day offered health education sessions, activities designed to engage families in active play, dancing, exercise, family nutrition sessions and related father-family activities. There were **17** vendors for multiple agencies from throughout Delaware: i.e. LaRed Health Center, St. Frances, United Health Care, Delaware Food Bank, Nanticoke Hospital nutrition department, Aides, Delaware, and other service providers. These agencies provided donations to this event: Food Bank of Delaware, Sharay’s Café, It’s Fashion, IHOP, Perdue, United Health Care and Walmart, Christian Love Cathedral and Faith United. These events added 54 members statewide.

DFFC Training Update:

DFFC trainings are designed to increase the public's awareness of the importance of fatherhood and healthy co-parenting. The DFFC provided the following coalition membership trainings in 2015-2016:

- “24/7 Dad” and “Understanding Dad” 3rd curriculum training- 28 trained
- Parenting Toolkit—12
- Ambassador Training—5
- Coalition Building—5
- DFFC Toolkit—7
- 87ers Family Game Night—20
- Dad’s Take Your Child to School—62
- Blue Rocks Statewide Event—9
- Meet & Greet event—28
- There were 10 fathers trained as trainers and certified in active parenting. A total of 98 parents and 87 teens received the active parenting training.
- 2 new member orientation sessions
- 1 Community Dialogues training in New Castle County
- 2 DFFC Ambassador Trainings: 1 in New Castle County, 1 for Kent and Sussex Counties
- 1 faith based Ambassador Trainings statewide
- 1 CLC Coalition Building Leadership Training
- 1 Navigation Through Child Support Enforcement And Child Custody Through Family Court training
- 1 Healthy Adult Relationship workshop
- 1 Faith-based Parenting workshop
- 3 Parenting Toolkits workshops
- 1 CLC Fatherhood Engagement training

In FY2017, the DFFC will continue to co-sponsor events noted in the 2015-2016 service period. The DFFC training unit will be restructured as a result of the awarding of the 2016-2019 Request For Proposal (RFP) establishing community trainings as service provided by the coalition to fathers, caregivers and service providers.

The DFFC, in partnership with PSSFCS, continues to have a collaborative work agreement with DAB Mediation, LLC to provide support to parents navigating child support enforcement services and court child custody services. DAB Mediation worked with the DFFC website committee and created a document providing answers to the most commonly asked questions about child support. The handbook continues to be revised at the direction of Division of Child Support Enforcement. This project will be addressed to its completion during the 2016-2017 fiscal year.

The DFFC Guiding Team and DPBHS coalition representatives have worked to maintain active partnerships with various community agencies and program services throughout the state in 2016. These partnering organizations are: United Healthcare, Parents as Teachers, Aid’s Delaware, Delaware Re-entry Consortium, Division of Substance Abuse and Mental Health SPFSig, Interdenominational Ministers Action Council, Wilmington Consortium, Delaware Head Start, Delaware Communities in Schools, DSS and Child Support Services, United Way Revive the Village, Project Launch and others. In 2016–2017, the DFFC will work to broaden its partnership with various community organizations throughout the state including service

providers of parent-youth substance abuse prevention organizations and in the development of services addressing the need for workforce development and economic stability supporting fathers and their families.

The DFFC is broadening its scope of service, infusing a service component to the infrastructure of the coalition to address a documented need of the population served by the coalition. A full-time position in each county was established through the FY2016 RFP, supporting the hire of a Project Coordinator/Trainer, which will support the operation of the CLC in support of the community leadership that are all volunteers. The Project Coordinator/Trainer position will become certified through the National Fatherhood Institution's fatherhood certification series. The functions of this position will support the DFFC's efforts of the community to increase community collaboration, service partnerships, strengthen resources which support the involvement of fathers in the lives of their children, promote effective co-parenting, decrease the barriers that may challenge these efforts, and coordinate and facilitate trainings of DFFC County Leadership membership. The DFFC recognizes the population of fathers seeking services must be engaged by communicating in non-traditional methods. The Project Coordinator/Trainer will network and build collaborative working relationships with faith-based and community organizations, elected officials, and or grassroots leaders Statewide in the engagement of corporate level memberships, and is expected to include process objectives to meet the DFFC strategic priorities measured by the defined outcomes.

2018 Activities and Challenges:

Challenges of the DFFC to be addressed in the 2018 service period:

1. Provide service components with evaluation, data collection and reporting.
2. Implement data collection instrument/system and analysis of all coalition trainings and community events, website usage and reporting out in a timely manner.
3. Add administrative support to the community statewide coalition function.
4. Obtain support/technical advisors for County Leadership Coalitions to meet the required post events reports for all trainings, workshops and events hosted by the CLC and the statewide coalition.
5. Obtain technical assistance from Community Anti-Drug Coalitions of America.
6. DPBHS PSSF program plans to release an RFP in FY2018 for a statewide coordinator of the Fatherhood Initiative will not occur. Funds for the position are reallocated for DPBHS High Fidelity Wraparound Services referenced under the Division of Prevention and Behavioral Health Services report.
7. PSSF/Fatherhood Initiative will establish community partnerships with Prevention Summer and Afterschool Community Programs to provide support to families in high risk communities to prevent toxic stress. PSSF/Fatherhood Initiative services will align with prevention and early intervention programs throughout the state to coordinate family engagement through emergency supports, parent education and mentoring services that include both mothers, fathers and guardians. The goal of this work is to reduce family stress to decrease incidence of child maltreatment and the need for deeper end services.

PSSF Community 2016 Fatherhood/Healthy Adult Relationship Grants:

In June 2016, DPBHS released RFP CYF16-02: Fatherhood/Healthy Family Relationship and Technology mini-grant awards (FHFR). This funding opportunity sought to award programs in Delaware that have strong services engaging fathers or father figures with children and their families. The goal of this award was to encourage and strengthen collaboration amongst communities, private, non-profit, for profit, state and local government to support a targeted approach in addressing fatherhood and healthy family relationship components within existing

services. The grant design was to support the growth of coalitions, professionals, community members, parents, groups and organizations. The area of programming and education focused on healthy adult partnerships, parenting/co-parenting skills, fatherhood, parent education on youth tobacco, substance abuse, and the use of social media platforms by youth and children as a bonding activity.

The FHFR grants objectives were: 1. To increase participation and support the sustainability of the Delaware Fatherhood Initiative; 2. To strengthen the male leadership role to form a movement that is supportive of father involvement and positive co-parenting; 3. To reduce the stressors single parents face by involving non-residential parental support; 4. To expand the community's capacity to collaborate and provide supportive services for non-residential fathers; 5. Enhance collaborative efforts of the community; and 6. To create a father-friendly environment by infusing fatherhood/healthy adult components into new or existing services.

The FHFR Grants were categorized into two areas that supported programming in community activities or technology. The Community Activity category provided funding towards educational programming and activities that would promote father involvement. The Technology category allocated funding towards the enhancement, upgrade or building of an educational/technological program that would promote awareness and engagement of fathers/father figures. Nineteen organizations were awarded the FHFR Grants that comprised the community, educational, faith-based and private sectors of Delaware. The organizations from all three counties included: Akoben, Canaan Baptist Church, Delaware Coalition Against Domestic Violence, Out of Ashes, LLC, Prestige Academy, Delaware Hispano, Parents as Teachers, Through the Word, AIDS DE, Life Worth Living Church, Neighborhood House, Young Chemist Society, Pearls of Hope, DAB Mediation, Prison 2 Promise, Inc., DEMCO, Polytech Parents as Teachers, Fellowship Health Resources, and Delaware Early Childhood Center. Below is a table representing the type of awards distributed per county:

FHFR Grant Type:	New Castle	Kent	Sussex
Community	11	3	1
Technology	5	2	1
Totals	16	5	2

Community Programming:

The FHFR Grants awarded to organizations provided community programming and activities in the following areas of focus: Engaging Fathers and Father Figures, Enhancing parent skills for teens, Healthy parent/child relationships, Building healthy co-parenting relationships, Parent education on youth tobacco, drug and alcohol use, Youth use of social media platforms, Support groups focused on fatherhood, and Increasing educational opportunities for parents, professionals, coalitions, and members of the Faith-based community. Fifteen awards were distributed in New Castle, Kent and Sussex Counties.

The community programming activities centered around Parenting Education and Support Groups on Fatherhood, Co-Parenting and Teen Development. Most organizations reported conducting activities such as workshops and group sessions that involved Fathers and children in skill building to improve their current relationships. These groups later worked together on an entrepreneurial project to assist youth and adults in creating a successful business strategy from the beginning to the end. The children involved learned the importance of advertising, customer

service and the difference between expenses, revenue and profit. The experience afforded fathers/father figures an opportunity to bond with their children while learning and improving their communication skills.

The community organizations provided weekly sessions to fathers and father figures in parent-child interaction as well as discussions of fatherhood related topics. The fathers began to develop support systems with each other. They often found themselves providing advice, a listening ear, empathy and friendship amongst each other. The groups well represented the communities to include participation by the local police department, NAMI and the Delaware Father and Family Coalition (DFFC). As a result, community collaboration was increased and partnerships with Delaware State University, the Kindness Corner and DFFC were established.

The Restorative Fatherhood Initiative Project provided two training workshops where participants explored and learned skills to be more trauma informed fathers and co-parents. Services were expanded to include a workshop with teens on Restorative Practices and Parenting. Other organizations involved teens in support groups addressing healthy development, substance abuse, tobacco and dating violence. Overall, there were 1,243 program participants that increased their awareness around these issues that are prevalent in the community. There were 241 families that also participated in the workshops or training sessions.

Technology:

The Technology grants awarded to community organizations presented with the need for website enhancement, computers, laptops and other related equipment. Each grant focused on social branding and created a father-friendly environment. The purpose was to enhance, upgrade or build the technical program capacity in support of a universal approach in promoting awareness and engagement of fathers, father figures, teens, children, parents, professionals, coalitions and faith-based members of the community. The funding provided educated the public and informed the audience on the importance of father involvement, and increase services/resource to support fathers and build relationships.

These organizations focused on the areas of Family Related Programming, Use of Social Media Platforms, Healthy Adult Relationships and Alcohol, Tobacco and other Drug Education. Several organizations enhanced their websites to increase navigation and provide a more interactive presence online for families to view a video, review an article or connect via social media applications. Other organizations utilized the funding to create their websites, update laptops and create their Social media page in an effort to disseminate information more effectively to the community. The website development and maintenance included search engine optimization, Google Analytics, Social Media integration, banner slideshow, and E-commerce. Five organizations utilized the funding to provide all of these enhancements and highlighted the fathers of their communities via social media. The grant afforded parents the opportunity to engage their children in play, learn positive and effective discipline and engage in discussions with other parents regarding concerns. As a result, fathers developed informal supports and created positive relationships with peers as well as the community.

Faith-Based Active Parenting Summer Program

The Life Center, together with its partners, conducted training sessions for parents and their teens in separate groups utilizing the “Families in Action, Active Parenting of Teens” curriculum. Active Parenting of Teens is a video-based parenting education program targeting parents of pre-teens and teens ages 10-17 who want to improve their parenting skills and their pre-teens/teens’

behavior. Using the Adlerian parenting theory as a foundational approach, this curriculum includes topics that addresses mutual respect among family members, non-violent discipline, problem solving, communication skills training, family enrichment, problem solving, and encouragement.

The Life Center's Faith-Based Active Parenting Program Goals were to: 1) To equip 80 parents (with an emphasis on fathers) with the ability to build solid parenting skills and facilitate parent-teen interactions and positive teen development; 2) Equip 80 teenagers with knowledge, build positive attitudes and skills for cooperating with their parents' active parenting activities and for facilitation of their own development and success in the world, including avoiding substance usage, irresponsible sexual encounters, and violence, and; 3) Establish four New Castle County faith-based organizations to receive training, coaching and obtain certification in the facilitation of the "Active Parenting: Families in Action" curriculum.

The number of participants served during this project was 98 parents and 87 teens/tweens. Parents practiced strategies to teach responsibility, use positive discipline and utilized the think-feel-do cycle and logical consequences. Lastly, they learned strategies to build courage, redirect misbehavior, and reduce the risks of drugs, irresponsible sexuality and violence in their teens. The 87 teens/tweens received information regarding the necessity of their parents implementing active parenting versus autocratic or permissive parenting. They recognized the importance of choice and respect for their lives. The teens/tweens learned a model of success based on belonging, learning, and contributing. Youth learned about the risks of tobacco, alcohol and drug use, irresponsible sexual acts and teen violence. Finally, they received ten strategies on risk prevention. Evaluation surveys (pre- and post-) were given out to parents based on the detailed objectives of the curriculum. The Post Survey revealed that virtually all parents learned significantly in the sessions. The average score increased to suggest that parents learned a lot in the sessions both overall and in specific areas. The teens/tweens identified three concepts from the six sessions conducted as positive: "I" Messages, The 5 Steps of Active Communication and Communication Blocks and Logical Consequences. All the participants reported liking the Positive "I" Messages technique, especially when they thought about communicating with parents and siblings.

Priorities for the Coming Year:

The PSSF community based organizations will continue to provide family support and family preservation services using the PSSF consultation model to at-risk populations for child maltreatment in the identified zip code areas in Kent, New Castle and Sussex Counties as reported by DFS to have high levels of child abuse and neglect referrals in 2017. The PSSF Consultation and Support program community-based services will serve a minimal of 1650 individuals and 420 families. The average length of service for the consultation process increases from 8 to 12 weeks to 12 to 18 weeks. The frequency of face-to-face contacts with participants in the consultation process will also increase from two to five contacts. The extended service time and frequency of contact during the delivery of the consultation process is in line with research of in-home family preservation and support services addressing risk factors of child maltreatment. The proposed length of service will support participants' efforts to successfully complete more intense service goals.

Peer reviewers will evaluate the work of fellow family consultants, noting strengths, weaknesses and critical assessment skills in assessing the participants' responses on the programs' FSRA tool used to guide the establishment of the service plan.

PSSF will continue design and implementation of FOCUS. Until 'Go Live', continue to use excel workbooks to house PSSF program data. PSSF providers are moving towards web-based data collection and training; to be established in the near future.

PSSF will integrate Project Coordinators-Trainers into the program model.

DPBHS continues support of Delaware Fatherhood Initiative events, activities and collaborations.

DFFC to strengthen Division of Child Support Services partnership.

Division of Prevention and Behavioral Health Services

The Division of Prevention and Behavioral Health Services' (DPBHS) mission is to develop and support a family-driven, youth-guided, trauma-informed prevention and behavioral healthcare system. DPBHS's prevention and early intervention programs aim to promote safe and healthy children, nurture families and communities, support social and academic success, and improve early identification of needs for children and youth (through age 17) with behavioral health concerns. DPBHS' service continuum includes a range of prevention programs and campaigns, early intervention services, treatment services, and care coordination supports designed to promote resiliency and well-being. Service options have varying intensity levels to meet the needs of children, youth, and families.

During CY2016, DPBHS and/or their contracted providers worked with approximately 17,000 youth and their families. DPBHS is committed to providing services within a child-centered and family-driven system-of-care framework. DPBHS understands that children and youth often experience, witness, or affected by traumatic events; therefore, DPBHS strives to deliver services in a trauma-informed manner that respects each individual's journey.

DPBHS currently offers services in several domains including community-based services, residential services, prevention and early intervention services, and care coordination with Wraparound services. More detailed information pertaining to these areas is included in subsequent paragraphs.

During FY2016, DPBHS focused on four areas to increase access to and improve quality of services provided to children and their families: Administration, Prevention, Early Intervention, and Treatment.

DPBHS has revised its organizational structure to better support a trauma-informed system-of-care framework for its Child and Family Care Coordination units. DPBHS partnered with the University of Maryland to provide training, coaching, and technical assistance related to the use of a Wraparound approach, which requires a high degree of collaboration between the child and family, the child- and family-serving agencies, and community organizations. Early results suggest that children and youth served under the new model have fewer incidents of out-of-home treatment. DPBHS also merged its Intake and Acute Care units to create one seamless entry point (Access Unit) to services children and their families and thus far has received positive feedback from community members. Furthermore, DPBHS implemented the use of standardized measures (CASII, ASAM, and CANS) within its assessment and evaluation processes. The use of standardized tools provides for more objective decision making to determine appropriate services

for the youth and families served. Another noteworthy accomplishment includes the growth of prevention, early intervention, and treatment services statewide.

Prevention efforts included the expansion of substance use prevention services, the Promoting Safe and Stable Families program, and Fatherhood Services. The expansion effort included integrating the programs more effectively into the local neighborhoods and communities, thereby preventing vulnerable families from entering into the Division of Family Services. The Prevention Unit also provided staff and families of afterschool and summer programs with training on suicide prevention, trauma training, and training on how to access the United Way 211 Helpline. Moreover, prevention efforts included the addition of extended hours for children and youth after school and summer programs. These services provide supervision and meaningful, structured activities for children and youth after school and early evening hours as well as throughout the summer season.

Early Intervention efforts included the expansion of Early Childhood Mental Health Consultants (ECMHC) to 14 statewide and the provision of Parent Teacher/Child Interaction Therapy which resulted in successful retention of 98% of children served in their early education program.

Efforts in the area of treatment included statewide implementation of evidence-based practices (EBPs) including Dialectical Behavior Therapy, Multi-systemic Therapy, Functional Family Therapy, and Family-Based Mental Health Services, Wraparound services, and Family Peer Support Services. During the past year, approximately 225 children and their families have benefited from the four EBPs. As of July 1, 2017, the Division will introduce Crisis Mobile Response and Stabilization Services. Crisis Mobile Response and Stabilization Services permit the family to define the crisis and serve as crisis response services as well as immediate assistance for emotional and behavioral challenges. This process allows providers to intervene before the situation reaches the height of elevated risk of harm to self or others. It should be noted that many of these new services also meet the goal of responding to families' requests for more in-home community-based treatment options. In addition, the Division has established the Delaware CARES (Caregiver Assistance, Respite, Education) program that includes a specific Wraparound team that serves both children and youth receiving services from DPBHS and DFS. Thus far, the program has demonstrated positive outcomes. Results indicate that 100% of the youth who were served by the Delaware CARES program while living with their natural families remained with their natural families rather than entering the foster care system. Likewise, 88% of the youth were successfully maintained in their community rather than being placed in residential treatment services. Finally, after participating in the Wraparound program, one quarter of the youth in foster care were reunited with their natural families and were living at home.

Furthermore, DPBHS operates a suicide prevention grant through which a suicide text line was implemented. This service was put into place in response to the changing technological world and many teens' preferences to communicate via text message. Finally, the Division's psychosis prevention grant has resulted in the establishment of youth peers to support its clients and to identify and treat early psychosis in Delaware's youth and young adults.

DPBHS also encountered a few barriers and challenges throughout the past year. DPBHS has experienced as well as implemented multiple positive changes over the past year. These changes include both system changes and changes in philosophy that are occurring within such a short time. As expected with any significant change, as a result, the organization has faced some

anticipated natural resistance from staff members who are in a phase of adjustment while learning about, navigating, and becoming accustomed to said changes. As a result, the Division continues to provide support and additional training to help alleviate concerns resulting from this process. It is understood the process takes time and may require modifications.

A second challenge to DPBHS as well as to other divisions in the DSCYF is the gap in services that has been occurring. Youth who are receiving services from multiple divisions are not always placed in the least restrictive setting due to the lack of appropriate housing options and treatment services to meet their needs. DPBHS is moving towards transforming from an expert-driven system to meeting the families' needs which will partially be accomplished by continuing to expand the array of treatment service options to close service gaps.

One additional challenge includes maintaining a strong staff of treatment providers to serve youth with co-occurring mental health issues and substance use disorders. Likewise, it is difficult to find staff members who have received formal training in both areas. With the rising epidemic of substance use disorders (particularly opioids), the Division is committed to continuing to recruit and retain highly qualified staff to address this serious issue.

DPBHS' philosophy is to continue to work collaboratively with youth, families, internal staff, providers, and other divisions during the upcoming year. The Casey Foundation has assisted the Department in creating a shift in thinking regarding providing treatment services to youth and their families. This new philosophy is a systems approach that allows for additional collaboration with other Divisions within the Department.

In terms of youth and their families, the Division has made a commitment to adhering to the fundamentals of the Wraparound model of service. This process embraces a team approach in which all decisions, including treatment-related decisions, are made in collaboration with the family and their support network (child and family team). All members of the child and family team partake in planning and agree to participation in the plan's implementation. This process allows for all team members' voices to be heard and valued equally with the family in the driver's seat.

It is significant to note that DPBHS has strengthened its connections with the State of Delaware's educational system. A representative from the Division currently attends monthly meetings with the special education directors from the various school districts of Delaware. The purpose of this partnership is to gain a better understanding of their system in order to become more supportive of their needs. It also allows for improved collaboration and better coordination of services for children with educational needs.

Furthermore, DPBHS has focused efforts to better align with the Division of Medicaid and Medical Assistance (DMMA) for the purpose of aiding in smoother transitions into adulthood for children and youth. Aligning practices supports the notion that the Divisions are not two separate systems but instead provide overlapping services to the state's persons in need.

There exists several DPBHS priorities for the upcoming fiscal year. As previously mentioned, DPBHS will be implementing the Mobile Response and Stabilization Services system, a new process for responding to crisis situations. As with any new process, the Division plans to monitor this system closely in order to ensure that it is running efficiently and effectively as well as providing the best services to meet the needs of Delaware's children and families. The

Division also plans to add targeted case management to the state plan to allow for reimbursement for WRAP services. Doing so will result in an increase revenue for the Division. One more priority for DPBHS is to develop methods to refine its processes relating to the shift to an “any qualified provider” system. This is a change from the former way that DPBHS solicited providers and requires DPBHS to develop new processes and procedures to allow new qualified providers to continually join its network. DPBHS also plans to update select Division policies in consideration of the Commission on Accreditation of Rehabilitation Facilities standards.

Furthermore, as mentioned earlier, DPBHS has introduced several new EBPs over the past fiscal year. The Division plans to continue to track outcomes for the EBPs in order to evaluate the positive impact that they have made on our children and families as well as our system as a whole as they continue to grow and expand. DPBHS also plans to continue with the process of WRAP implementation which includes completion of the University of Maryland training and the maintenance of the cultivation of a WRAP-informed culture among its staff members. Finally, many changes will occur with introduction of the new FOCUS electronic records system. The Division plans to keep abreast of the effects of these changes on both itself and the staff members and make adjustments accordingly.

Division of Youth Rehabilitative Services (Juvenile Justice)

The Division of Youth Rehabilitative Services is the lead juvenile justice agency that serves youth court ordered to agency supervision through the judicial system. DYRS is responsible for assessing the needs of youth and collaborating with their families, schools, and support systems to develop plans aimed at addressing the factors that contributed to a youth’s risk for delinquency. Title 31 Chapter 51 assigns the Division of Youth Rehabilitative Services with the rights and responsibilities associated with the day-to-day care of juveniles committed to DYRS by the Court, including the right to the care, custody, and control of the juvenile. The mission of DYRS is to guide youth involved in juvenile justice to a successful future and to support public safety.

During CY2016, DYRS and/or their contracted providers worked with 2,286 youth and their families.

DYRS provides services and supervision to youth through a variety of program areas. Civil Citation diverts low-risk youth from system contact as a pre-arrest diversion program. Probation through contracted provider supervision serves youth with low-risk scores while addressing their needs. Community services supervision with a probation officer provides intensive supervision to youth with moderate to high-risk scores and offers services to reduce overall risk to recidivate. Level IV staff-secure services at Grace, Snowden and Mowlds Cottages are for short-term residential stays for youth with higher risk. Level V secure care services at Ferris School offers longer-term residential programming to youth with high risk and high needs. DYRS maintains contracts with community based providers to supplement services to address the needs of youth placed under supervision. For youth with specialized residential needs, the Division maintains residential contracts. In addition to these post-adjudicated services, DYRS provides pretrial supervision to youth in the community. In addition, DYRS has two detention facilities that serve youth placed in detention as the result of a secure bond.

Outcome Measures

Civil Citation had an 86% successful completion rate for CY2016. Also during CY2016, a recidivism study was completed for contracted provider supervision and community services

supervision. The study reflects recidivism 12-months after supervision ends and utilizes a cohort of youth from CY2015. The contracted providers who supervise low level youth showed a 71% success rate and community supervision with a probation officer showed a 61% success rate.

In addition to measuring recidivism, DYRS evaluates the services provided to youth. Services are reviewed using the standardized program evaluation protocol (SPEP) developed by Mark Lipsey of Vanderbilt University. The tool measures the quality of the program, the length of time the service is offered, the amount of hours the service is offered and the risk level of the youth served. Multi-Systemic Therapy showed a 7 point increase in CY2016 scores. Functional Family Therapy showed an 8 point increase in CY2016 scoring. These scores reflect an increase in model fidelity, which is shown to be effective in reducing recidivism in national studies.

Accomplishments

During FY2016, DYRS published the Blueprint for Success, a document that outlines the strategies used to address the risk and needs of youth involved with the Division. In FY2016, DYRS expanded its use of the SPEP into residential services. This expansion allows for a review and optimization of the programming in state facilities. Based on initial findings, quality was improved for Aggression Replacement Training, Life Skills and Thinking for a Change. Civil Citation expanded during this fiscal year and began receiving referrals from the community-based police officers. Prior to this, referrals were school based. Ferris School and the Cottages began using a substance abuse program called Seven Challenges in our residential programs in January 2017. DYRS was also one of three states awarded an OJJDP Second Chance Act (SCA) grant which is aimed at improving the quality assurance of agency missions, addressing staff drift and training, and improving data capabilities. To have more meaningful contact with youth and their families, a long-term training for the practice of motivational interviewing was implemented this fiscal year also.

Barriers and Challenges

High turnover and limited staffing continue to be issues facing DYRS in the upcoming fiscal year. To implement effective services and provide for safety and security, adequate and seasoned staff are necessary. When turnover rates are high, it is difficult to offer high quality programming. Additionally, the Division will have a new system of record come on line in the upcoming fiscal year, which will pull staff from their positions to serve as trainers during the initial implementation. Another challenge the agency faces is finding appropriate settings for youth with mental health and child welfare issues. Research tells us low risk youth with high needs are not appropriate to be mixed with serious delinquency type youth but there are few alternatives for these type of youth, which can provide public safety, individual safety, and treatment.

Collaborative Efforts

DYRS will continue to work collaboratively throughout the upcoming fiscal year both internally and with external partners. A customized risk assessment tool will be implemented Division wide creating opportunities to train across program areas. The implementation is being guided by a multi-stakeholder collaborative that includes agency personnel and representatives from DOJ and Office of Defense Services (ODS). Additionally, the committee, which approves residential placement for youth, is comprised of administrators across the various program areas. This creates an opportunity for collaboration and knowledge transfer. DYRS will also continue to work with system partners on the goals of the SCA grant. Several sub-committees will meet to discuss utilizing data, implementing the risk tool, analyzing agency services, and expanding the

use of the dispositional matrix. These subcommittees are comprised of Family Court representatives, DOJ designees, ODS attendees, University of Delaware sub-grantees, and DYRS representatives.

Priorities for the Coming Year

The priorities for FY2018 include utilizing SPEG data to make program improvements to services offered to our youth. To support this measure, the implementation of a risk tool within our residential programs is an essential priority. The tool will allow for better matching of services throughout a youth's stay in residential services. Community engagement is a mission of DYRS as well. The more our community partners are engaged, the more opportunities our youth will have when returning to communities. Completing a staffing analysis for residential services will also be a top priority. The goal is to reduce freezing staff and to provide the right levels of staff for the various buildings.

Links to reports

http://kids.DE.gov/pdfs/yrs_csg_jjbook.pdf

Trauma Informed Care (Division of Management Support Services)

DSCYF continues with its commitment to a trauma informed system of care and the Trauma Informed Care Committee (TICC) leads development and implementation of the trauma informed care strategic plan. The TICC is composed of representatives from across DSCYF representing our four Divisions and includes DFS staff from the Office of Evidence Based Practice. The TICC implemented strategies during CY2016 in the four key trauma informed care focus areas: workforce (recruitment, training and retention), cross-system collaboration, service delivery (including promoting a trauma-informed provider community), and policy and administrative support.

In the area of workforce, the TICC advanced its efforts to enhance recruitment of a trauma informed workforce. During CY2016, the committee began reviewing questions to develop a question bank which hiring managers will use for the three primary staff roles within DSCYF (i.e. support, direct service, and supervisor/manager). The committee plans to finalize the question list by the spring of 2017, have staff across these roles review to provide feedback and then the questions will be incorporated into hiring interviews late spring/early summer of 2017.

To address training, the TICC launched the first in a series of trauma-focused trainings for staff entitled, "Introduction to Trauma Informed Care". This training is mandatory for all staff working within DSCYF. The TICC plans to develop two additional trainings including a training for front-line staff with more in-depth information about the neurobiology of trauma, recognizing the signs of exposure and specific skills to respond with trauma-exposed children and families and a training for supervisors focused on adopting the principles of trauma informed care into supervisory practice. In addition, the TICC began discussing the adoption of performance expectations across the same three roles and is in the process of developing the performance plan language with the goal of having trauma informed care performance expectations all performance plans for CY2018.

The TICC continues to prioritize increasing awareness about secondary and vicarious trauma and strategies to promote resilience of DSYCF staff. Similar to the prior year, in CY2016, the TICC designated October as Staff Health and Wellbeing Month. Each week of the month had a different theme and a variety of events were held (self-care contest, safety contest, visits to office and facility locations) to highlight the importance of staff promoting their own resilience and

creating a community of caring with other staff. This year the DFS unit responsible for the licensing of childcare facilities was a self-care contest winner for their establishment of a monthly potluck luncheon that brings the staff together to build community. In addition, the Director of Trauma Informed Care met with the DFS special investigator to discuss the current strategies in place to respond to critical incidents. The TICC plans to develop a DSCYF protocol for supporting staff when a critical incident occurs.

In the area of service delivery, the TICC developed a provider survey to gather information regarding the current strengths in the provider community as well as to identify provider needs. The TICC plans to collect survey data during the winter of 2017. The TICC also continues to work to develop trauma informed care language for all DSCYF direct service RFPs. DSCYF had hoped to expand its trauma specific treatment through securing of federal funds but unfortunately, the proposal was not funded. However, there is interest with the provider community serving children in group and shelter care for adopting trauma specific interventions and there is an effort underway to determine if a collaborative can be established across multiple providers to share the cost of implementation of a new practice.

During CY2016, the Director of Trauma Informed Care and a TICC member from DFS continued to be active participants in an effort (funded through Casey Family Programs) to implement the principles of trauma informed care within the state's public schools. During CY2016, three different schools districts hosted full day events that either exclusively or substantially focused on trauma (Department staff presented at these events). In addition, there were continued efforts to promote the blending of positive behavior support and trauma informed care. During 2016, trauma informed questions were included in an educator school-climate survey. The schools implementing a trauma informed approach are currently refining their data collection and exploring expansion of these efforts.

As an outgrowth of the work occurring to promote trauma informed schools, the DSCYF Director of Trauma Informed Care served as a panelist at the National Foster Youth Institute Child Welfare focused Congressional Dinner on April 19, 2016. The event focused on the impact of trauma on foster youth's school success and state's work to implement the Compassionate Schools curriculum within several school districts. Members of Congress heard from a young adult who had been in care about what was helpful and unhelpful regarding the foster care and educational systems. Additional panelists included the state's lead for the Casey Family Program grant and a school psychologist working to implement and sustain the Compassionate Schools curriculum in her middle school.

Based on the accomplishments during CY2015, DSCYF was awarded a second year of technical assistance through Casey Family Programs to address concerns regarding the use of psychotropic medication for children in foster care and in the state's juvenile justice residential programs. Accomplishments for 2016 included the implementation of a DSCYF Psychotropic Medication Policy, publication of an article about the use of psychotropic medication for children in foster care in the Delaware Journal of Public Health and the development of a web-based training on psychotropic medications for staff. Goals for CY2017 include establishing a process within the SACWIS system to collect, analyze and monitor the use of psychotropic medications as well as to track the outcome of targeted consultation.

During CY2016, the Director of Trauma Informed Care continued to be active with a state-level grassroots effort called Trauma Matters DE. In 2016, Trauma Matters DE hosted open meetings to continue to obtain community input into the development of its strategic plan as well as to foster discussion across individuals, communities and systems about trauma and a trauma

informed approach. Approximately 900 individuals had attended one or more meeting to share their input including staff from DFS. Trauma Matters Delaware strategic planning continues to have a focus on cross-system collaboration and the promotion of a “two-generation solution” to address trauma. Trauma Matters DE goals for CY2017 include hosting a data release for the adverse childhood experiences data collected as part of a household health survey of adults, hosting a community event to share information about the Sanctuary Model, to build out the strategic plan and establish bylaws for the group.

K-5 Early Intervention Program

The K-5 Early Intervention Program (EIP) is an innovative collaboration between the DSCYF and DOE. EIP provides services to students displaying behavioral problems that impede their learning processes, or the learning process of others. The Early Intervention Program was created in 1995 through collaboration between Department Secretaries, the Legislative Joint Finance Committee, and then Governor Carper. The program started with 9 Family Crisis Therapists (FCT) and currently employs 54 FCTs.

EIP targets children who exhibit behavioral, academic, social, or mental health problems that, unless appropriately addressed at an early stage, can manifest through early failures in school into other more serious social and/or emotional developmental issues and potentially lead to early onset conduct disorder. These children often experience early incidents of delinquency and can potentially begin a lifetime cycle of failure. If these problems are not addressed early, children and their families are likely to require more intensive and expensive interventions later in the life cycle and continue to the deeper-end services of DSCYF.

Fifty-four FCTs from DSCYF are assigned to designated elementary schools in fourteen school districts and five charter schools throughout the state. The EIP is a voluntary program for parents/caregivers. Referrals are made by principals, teachers, guidance counselors, nurses, and other school staff. A typical caseload of an FCT is 17 to 20 children/families.

EIP’s holistic approach employs FCTs that are uniquely different from traditional guidance or school counselors. FCTs work with students’ entire families, including parents/guardians and siblings. In many instances, FCTs work with families to address survival and/or crisis issues e.g., preventing the electric from being shut off, thus enabling them to focus on the emotional, academic, and social needs of the child(ren).

The goals of the EIP are to improve student behavior, strengthen parenting skills, and reduce the number of families and children needing more intensive services from the Department.

All children and families are evaluated (including a trauma screen) and then an intervention plan is developed with the family. The FCTs provide support, when appropriate work on parent training skills with the parents, assist the child in developing self-control skills and helps the family connect with community resources.

EIP keeps statistics on number of staff, location, children and families served, cases, contacts and services:

Time period	January 2011 to December 2011	January 2012 to December 2012	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016
# FCTs	average # of FCTS= 49	average # of FCTS= 50	average # of FCTS= 51	average # of FCTS=51	average # of FCTS=51	average # of FCTS=52
# of vacancies	5	5	4	5	6	7
#Schools	51	53	53	53	54	54
#Districts	13	14	14	14	14	14
#Public	48	50	48	48	49	50
# Charter	3	3	5	5	4	4
# New Cases	664	549	557	535	566	565
# Ave Cases/Month	15	16	15	15	16	17
# Ave Students/Month	37	40	39	35	38	34
# Ave Adults/Month	27	29	27	26	28	26
	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>	<u>Total for 12 months</u>
# Ave Non Caseload Students/Month Total	21/12256	17/10344	20/12281	18/11106	28/12211	22/13379
# Ave Non Caseload Adults/Month Total	9/5129	8/4571	7/4283	7/4151	7/4513	7/4141
# Ave Home Visits/ Month Total	18/10767	15/9023	15/9349	15/9106	10/6338	11/6760
# Ave Office Visits/ Month Total	14/8131	12/7280	13/7679	13/7429	8/4940	10/5969
# Ave Individual Counseling Sessions/ Month Total	124/73084	130/78136	131/79248	129/77164	66/40290	76/46993
# Ave Groups, Large And Small/Month Total	20/11548	19/11288	19/11578	19/11219	19/11918	23/14375

Time period	January 2011 to December 2011	January 2012 to December 2012	January 2013 to December 2013	January 2014 to December 2014	January 2015 to December 2015	January 2016 to December 2016
# Ave Family Counseling Sessions/Month Total	16/9420	15/8832	15/9077	15/8886	16/9798	21/12896

During this reporting period from January 2016 to December 2016 K-5, the Early Intervention FCTs have partnered with numerous community-based services, including: Catholic Charities, Salvation Army, Ministry of Caring, School Districts, Department of Health and Social Services, Adopt-A-Family, local community centers, homeless shelters, medical centers, and mental health providers for children and adults. These services include mental health agencies, housing agencies, food and clothes closets, domestic violence agencies, homeless shelters, drug and alcohol counseling agencies, job assistance programs, and childcare providers. By accessing necessary resources before a crisis arises, the FCTs support the family and help ensure through home visits that they are getting the help that they need to remain intact and functional. Through a partnership with the Nemours Foundation in 2011 and 2012, EIP became certified providers of “Triple P” Positive Parenting Practices parenting program. FCTs have 2 of the top 3 nationally ranked empirically validated programs available for DE families. The combined efforts of these governmental and non-profit organizations help promote safety, permanency and well-being.

The K-5 Early Intervention Program has identified 5 priorities that have the most effect on caseload families’ ability to succeed:

- Contact with the child at the school. Each caseload child is seen individually 4 times each month.
- Parent engagement. Parents from each family are seen at home once each month and at school once each month.
- Communication with the school. FCTs maintain constant contact with teachers and school leaders.
- Assessment and case planning. The FCT, parent, teacher and child all provide feedback to inform case plans and measure progress. Families are assessed by at least 6 instruments within 30 days and are assessed twice annually and again at case closure. These assessments are used to identify and modify case plan goals. These activities drive the changes that lead to success.
- Collaboration with the community.

Office of Child Care Licensing

The Office of Child Care Licensing promulgates regulations and monitors the regulation compliance of licensed providers who provide services in the following facilities: family childcare homes, large family childcare homes, early care and education and school-age centers, residential childcare facilities and day treatment programs for children, and child placing agencies (adoption and foster care). Its mission is to ensure the safeguards and enhance the quality for children in out-of-home care. Additionally, the Criminal History Unit, part of OCCL, conducts, receives, evaluates, and/or disseminates information from a criminal history record check and child protection registry check for applicable persons as provided in DE code.

OCCL completes 100% of its mandated yearly site visits. In addition to the required annual visits, OCCL completes additional visits to investigate complaints of regulatory non-compliance, allegations of unlicensed care, and additional visits to ensure regulation compliance to providers on an enforcement action. The OCCL Procedures Manual is reviewed and updated annually to reflect current practices that promote conformity in regulation monitoring procedures throughout the state. Relationships and partnerships have been created and strengthened with other agencies, such as the Office of Early Learning, Delaware Stars for Early Success, DE Health and Social Services, and Nemours Health and Prevention Services. Joint visits with representatives from the Child and Adult Care Food Program (CACFP) and Purchase of Care (POC) programs continue as needed to determine regulation compliance. In addition to the training sessions offered for anyone seeking to obtain a childcare license from OCCL, a “Staying in Compliance Training” provides technical assistance at statewide educational conferences, to community partners, to providers upon request, and as part of a required corrective action plan for providers struggling to achieve regulation compliance. When new regulations are enacted, multiple training sessions to acquaint providers with changes to the regulations are held in all three counties. In 2016, OCCL created and offered multiple trainings on the new childcare center regulations, new regulations for family and large family childcare providers, as well as child placing agencies. An Information Guide to provide additional information on the intent of center childcare regulations was created and is available to providers. Additionally, OCCL created and offers to current and aspiring center administrators, an Administrator Training to further enhance the skills of center leaders in complying with childcare regulations. This training was also offered at the annual statewide early childhood conference. These trainings are offered without cost and help providers meet their annual professional development training hour requirements.

During the 2016 summer season, youth camp employees and volunteers completed a signed consent to have their criminal record checked by the DE Justice Information System (DELJIS) and to have a Child Protection Registry check completed by the DSCYF’s Criminal History Unit (CHU). A DELJIS contractor conducted all of the criminal background checks while CHU completed 2,558 Child Protection Registry checks for 225 camps for children ages 5–18. To date, there are 243 youth camps registered for checks in 2017.

In 2016, the CHU conducted 7,568 fingerprinted background checks for those who work or volunteer at child-serving entities in DE. The background checks are mandated under the Joseph R. “Beau” Biden III Child Protection Act. The law requires persons seeking employment who have regular direct unsupervised access to children or provide services to a child or children at a child-serving entity to have a background check completed prior to employment or during a conditional period of employment. In addition, foster, respite, adoptive parents and their household members 18 years or older must have a background check prior to approval or during a period of provisional approval with the department or contracted providers.

The law created an increase in background checks and other workload requirements for the Criminal History Unit including:

- Revised and adopted: DELACARE Regulations for Background Checks and DELACARE Regulations for Child Protection Registry Checks.
- Revised: Department’s Decision Making Protocol for Background Checks, fingerprint consent forms, and background check outcome letters.
- Implemented background checks and DE child protection registry checks for all department contractors and youth camp employees and child protection registry check for private schools, as requested.
- Notified child-serving entities of new requirements under the law.

- Developed and implemented automated email notifications to employers regarding the results of the background checks.

OCCL challenges include:

- The November, 2014 federal reauthorization of the Child Care and Development Block Grant (CCDBG) requirements has significant impact on the regulations and workload of OCCL. Additional staffing may be required to meet the increased requirements of the grant.
- New legislation significantly increased workload requirements for the Criminal History unit, requiring additional staff.
- An increase in complaints made to this office regarding possible regulation violation by licensed providers, requiring additional visits to facilities to investigate the complaint.
- Because of a loss of Delaware Stars funding including state tiered reimbursement to Stars providers placed on enforcement action by OCCL, the number of requests for hearings to challenge the intent to place on an enforcement action has increased significantly. Hearings require much preparation and participation time on behalf of staff and raise costs when an outside attorney serves as the hearing officer.
- OCCL continues the regulation revision process. This revision process requires the combined efforts of the entire supervisory team to create then review and rewrite the regulations based on the extensive input from providers and community partners. The revision process proceeds slowly so that all input can be considered. The Regulations for Residential Child Care Facilities and Day Treatment Programs are the next set of regulations to be revised. After regulations are revised, multiple trainings are held to acquaint providers with the regulation changes. OCCL recently offered over 20 trainings for family and large family providers all held outside of normal office hours.

OCCL works closely with the Office of Early Learning, Delaware Stars (Delaware's quality rating improvement system for early care and education providers), and other community partners for the benefit of the early childhood community. OCCL administration, supervisors, and staff have served on numerous early childhood committees including DE Stars Management Team, DE Stars Verification and Assessment Committee, OCCL/Stars Communication Committee, DE Early Childhood Council, DE's Early Learning Professional Development System Committee, Provider Advisory Board, Integrity Committee, Compensation, Retention, and Education (CORE) Awards Committee, WAGE\$ Advisory Committee, Early Childhood Education Curriculum Development Committee, DE Technical and Community College (DTCC) Early Childhood Advisory Board, New Castle County Vo-Tech Advisory Board, Wilmington Early Care and Education Council (WECEC), Families and Centers Empowered Together (FACET), and Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood Awards Advisory Board.

As for priorities for the coming year, OCCL must complete the revision of childcare regulations for Residential Child Care Facilities and Day Treatment Programs. A provision of the reauthorized CCDBG requires that currently exempt providers who receive purchase of care (POC) subsidies must become licensed in order to continue to receive POC. The criminal background check procedures have been greatly expanded, dramatically increasing the workload. OCCL must meet this additional workload demand in a timely manner. Monitoring procedures continue to be reviewed to ensure regulation enforcement conformity throughout the state.

Delaware Interstate Compact Unit

The Delaware Interstate Compact Unit provides protection of children who are placed into or out of Delaware for the purpose of foster care, relative care, adoption, or probation and aftercare supervision. The unit provides technical assistance to families, staff, agencies, attorneys and courts related to interstate compacts regulating child placements and transfer of supervision, and pertinent state and federal laws.

The compacts included are:

The Interstate Compact on the Placement of Children (ICPC) –Del C. 31 §381, ICPC is the mechanism to ensure protection and services to children who are placed across state lines.

The Interstate Compact for Juveniles (ICJ)–Del C. 31 §5203 *Serving Juveniles While Protecting Communities*, ICJ is the legal means to transfer a juvenile’s supervision from one state to another and to return runaways.

The Interstate Compact on Adoption and Medical Assistance (ICAMA) - Del C. 31 § 5402, ICAMA helps states ensure that adoption assistance eligible children receive benefits, services and the transfer of Medicaid across state lines.

The unit is comprised of a supervisor, two case managers, program analyst and operations support specialist. In 2016 the unit processed 814 new referrals both incoming and outgoing. The new cases consisted of 562 ICPC cases of which 149 were Residential Treatment Cases, 166 ICJ Cases and 86 ICAMA Cases.

The unit’s internal changes have been very effective in stream lining the initial referral process with the goal of placing the youth in as soon as possible. In addition, increasing the communication with our ICJ State Council in order to build support and share current information that may directly affect juveniles in our state. ICAMA has anticipated changes across all states and an increased communication with Medicaid professionals is planned for the near future.

As for priorities for the coming year, the interstate team will move towards developing professional training for all three compacts, and an increase of our data collection to reflect our unit’s positive outcomes. The Interstate Compact Unit’s priority is to achieve permanency and a forever home for children placed across state lines in an efficient, timely manner

Family Informed Resource Support Team (FIRST)

Family Informed Resource Support Team is a DSCYF statewide initiative launched in October, 2016. FIRST meetings strive to develop creative child-centered, family-focused, community-based individualized service plans based on family strengths and needs. Once the service plan is established, meeting participants problem solve to determine what commitments are needed from each participant to put services into place with the intention of maximizing the chances of successful outcomes.

FIRST meetings support youth and families to remain in or return to the community or the least restrictive setting possible through the delivery of individualized services. Meetings also provide for increased family engagement and empowerment in case planning and decision-making. In the long-term, FIRST aims to:

- Prevent youth from entering deeper end services;
- Increase the likelihood of successful transition to adulthood;

- Increase family capacity to meet youth needs within the family system with community-based supports; and
- Improve overall youth well-being, stability, self-sufficiency, and efficacy.

Within DSCYF, FIRST implementation aims to strengthen inter-divisional knowledge and collaboration and build best practice skills in Family and Youth Engagement (FYE). A Post Meeting Outcomes Review is scheduled after services are implemented with each family to collect measureable data for future analysis. The Post Meeting Outcomes review is completed with the family at 30, 90 and annual intervals after implementation of services. Each review presents identical questions designed to measure:

- Placement Outcomes: Placement setting changes and if deeper end residential services were required;
- Service Outcomes: If/which community based services were implemented and if the service met the youth and family's need;
- New adjudications; and
- Youth/Family satisfaction with the FIRST meeting and overall process.

FIRST collaborates with DSCYF Divisions and other agencies directly involved with FIRST families. The collaboration includes efforts to identify unique community-based services for each family the team works with.

In FY2018, FIRST will focus on developing a strong program foundation and workforce resources needed to support family enrollments.

The FIRST annual report will be developed for distribution at the end of the calendar year in December 2017.

Community Partners

Community Based Child Abuse Prevention Grant (CBCAP)

Prevent Child Abuse Delaware (PCAD) has been the lead agency for the federal CBCAP grant since 2004. The CBCAP grant represents federal set aside dollars that are provided annually. The amount of funding is population based. The base grant for Delaware is \$200,000 with an opportunity to leverage additional dollars utilizing state and/or other sources of funding. The funds that are provided to the states are to be utilized to support community-based efforts to develop, operate, expand, enhance and where appropriate, to network initiatives aimed at the prevention of child abuse and neglect and to support networks of coordinated resources and activities to better strengthen and support families.

Each year the Chief Executive Officer of each state designates a lead agency that is responsible for the use of the federal grant funds. The lead agency has two major areas of responsibility, providing support, training and technical assistance to the community-based programs that receive grant funding and to provide leadership to a network of coordinated resources to better strengthen and support families. In Delaware, the Family Support Coordinating Council (FSCC) lead by PCAD serves in this capacity. The Family Support Coordinating Council is a multi-disciplinary, collaborative, public-private council that is committed to assuring that family support resources are available in Delaware. The FSCC works with the Home Visiting Community Advisory Board, the Early Childhood Council and the Office of Early Learning to coordinate efforts on behalf of children and families in Delaware.

During the past year CBCAP grant funding has been used to support a hospital-based abusive head trauma prevention program, cohorts representing the Delaware Readiness Teams and the *Strengthening Families through Parent Provider Partnerships in Child Care* initiative. The funds provided have been used to provide the following services:

- Parent Education – From 2005 to 2009 the state of Delaware has had 13 cases of Abusive Head Trauma (AHT). Based on this number and the dangers associated with AHT, Prevent Child Abuse Delaware (PCAD) and the Child Death Review Commission (CDRC) partnered to bring a hospital based prevention education program to all birthing hospitals in the state. The program was started in 2009 and has had several changes over the years. Currently the “All Babies Cry” ® (ABC) program developed by the Children’s Trust, an evidence-based multi-media intervention program, is being utilized. The program empowers new parents with practical demonstrations of infant soothing and clear strategies for managing normal stress in parenting. Funded by the Eunice Kennedy Shriver National Institute of Child Health and Human Development it incorporates the protective factors of the Strengthening Families initiative. Strengthening Families is a public health model developed by the Center of the Study of Social Policy designed to prevent child abuse and neglect. The program components are based on a multiple-dose intervention designed to be introduced to parents as part of bedside education during maternity stays. All material are available in English and Spanish and include: an 11-minute video program for hospital closed-circuit TV systems, media for families to access at home or on mobile platforms, a 14 page booklet with checklists and activities, customizable website for online video streaming, customizable support materials and monthly reporting of number of video views per site. Parents sign a commitment statement that indicates that they have seen and understood the material. If they voluntarily provide a contact number, a follow-up phone survey is completed at approximately 6-8 weeks after delivery. The evaluation of the 2016 calendar year demonstrated an overwhelming positive response to the ABC material from both parents and staff. Of the hospitals with closed circuit TV the viewing rate of the 11-minute ABC video was 86%, our goal was 75%. Most importantly the number of AHT cases has been going down in the state. These deaths/near deaths are preventable and it remains the goal of the project to prevent any future deaths/near deaths from occurring.
- Community Based Family Strengthening Activities – During the past year grants were provided to support five projects conducted by cohorts representing eleven Delaware Readiness Teams. The table below summarizes their activities within their communities.

1. Georgetown Readiness Team	Passport to Learning Dissemination of parenting information, books for children, activity kits for families Information on community based resources	Enhance the ability of families to interact with their children through activities in each developmental domain Develop strong relationships between community resource providers and families
2. Harrington Hubcaps, South Dover and North Dover Readiness Teams	Community Cafes held to establish what family’s needs are to support children’s social and emotional development, children	Build protective factors Findings from these discussions to be used to create learning opportunities within the community and to plan a

3. Mt. Pleasant Community Partnership	involved in developmentally appropriate activities	parent track at the upcoming <i>Making a Difference Conference</i> sponsored by the Office of Early Learning
4. Milford Community Readiness Team	Kindergarten Academies to ease the transition between PreK – K and to deepen the understanding of families about their role in their child’s development and learning	Build a relationship between children, their families and the school staff within the elementary school
5. Wilmington Readiness Teams (1 st District, Center City, Hanover, NESSE, and Western Wilmington)	Parent lead learning session, <i>Tips for Success</i> Bags and Bedding Project	Provide parents with information and take home activities in each of the learning areas encompassed in the Kindergarten curriculum
	2 nd Annual Empowered Parent = Ready Children Conference	Provide concrete support in times of need to homeless families and their children
		Provide training, personal empowerment activities and supports to strengthen families

- Strengthening Families through Parent Provider Partnerships in Child Care – To date fourteen childcare centers have been engaged in this program designed to provide staff with the knowledge, tools and supports that they need to help build protective factors in families. Training and technical assistance is provided by PCAD to each center so that the following goals can be achieved:
 - Reach large numbers of children and families with a primary prevention initiative.
 - Help the staff at the childcare sites to establish personal and trusting relationships with families.
 - Train childcare center staff to provide family members with encouragement and education.
 - Empower the childcare center staff to act as an early warning system and to intervene with families before abuse and neglect occurs.

Each program had outcome measures, accomplishments, barriers and challenges for CY2016.

- Parent Education – Since 2009 when this project was implemented the number of shaken baby deaths and near deaths in Delaware has decreased. Efforts continue to assure that all new parents utilize the materials, especially in the Latino community.
- Community Based Family Strengthening Activities - Grantees are required to assure that their team includes parents who help to plan and implement the team’s funded project. They must also base their activities on the community assessments that they have completed and in some cases on the information that they have harvested from the Community Cafes conducted within their communities. All grantees participate in the project evaluation and interact with the project evaluator to discuss their activities and relate them to building the protective factors. During the past year the participating teams have:
 - Conducted Community Cafes to foster conversations with families and other community members to determine needs and to offer opportunities for sharing and learning
 - Produced a “harvest” from the Community Cafes conducted
 - Provided parents with resources to engage in activities with their children that promote language, motor, cognitive and social and emotional development

- Provided opportunities for families to interact with school personnel to aid in a smooth transition to kindergarten
- Provided information on available community resources
- Distributed needed items to families, including homeless families
- Strengthening Families through Parent Provider Partnerships in Child Care – Parent surveys have continued to indicate strong and positive outcomes to questions about their relationships with classroom teachers and their willingness to ask questions when they are worried about their child(ren). Staff surveys have demonstrated a general belief that it is important to share information with parents daily and that building strong relationships between staff and parents is a priority at their childcare center. To date anecdotal data has been tied to building the six protective factors listed below:
 - Parental resilience
 - Social connections
 - Knowledge of parenting and child development
 - Concrete support in times of need
 - Social and emotional competence of children
 - Healthy parent-child relationships

During this year, it is the goal of PCAD, as the lead agency for Delaware’s CBCAP grant, to increase the likelihood that at-risk children are safe and protected from harm by supporting, training and providing technical assistance to community-based programs that are designed to strengthen families by building protective factors. Research indicates that when these factors are present and strong in a family, the likelihood of child abuse and neglect diminishes. All grantees work with the project evaluator to determine program outcomes. In the past, each program has determined what these outcomes were and how they were going to be measured. While this data has demonstrated positive results it has been hard to determine the impact within our state of the CBCAP dollars invested. Going forward all funded programs will be assisted by the project evaluator to measure how successful their program has been at building the protective factors that have been identified by the Administration for Children and Families and the Center for the Study of Social Policy (the protective factors are listed above).

Office of the Child Advocate and Child Protection Accountability Commission

The Office of the Child Advocate is a non-judicial state agency charged with safeguarding the welfare of Delaware’s children. OCA was created in 1999 in response to numerous child deaths in Delaware resulting from child abuse. These cases pointed to deficiencies in the child protection system that could only be remedied through the collaborative efforts of Delaware’s many child welfare agencies. The General Assembly determined that an office to oversee these efforts, staff the Child Protection Accountability Commission, and provide legal representation on behalf of Delaware’s dependent, neglected, and abused children was necessary. Pursuant to 29 Del. C. § 9005A, OCA is mandated to coordinate a program of legal representation for children, including the Court Appointed Special Advocate (CASA) Program; to periodically review all relevant child welfare policies and procedures with a view toward improving the lives of children; recommend changes in procedures for investigating and overseeing the welfare of children; to assist the Office of the Investigation Coordinator in accomplishing its goals; to assist CPAC in investigating and reviewing deaths and near deaths of abused and neglected children; to develop and provide training to child welfare system professionals; and to staff CPAC.

While OCA has many statutory duties, legal representation of children is a significant part of OCA's mission. OCA accomplishes its charge to represent children through the employment of four full-time Deputy Child Advocates (DCAs), contract Child Attorneys, a substantial and dedicated pool of volunteer Child Attorneys supervised by a Managing Attorney, and a robust and committed pool of community volunteers that serve as Court Appointed Special Advocates (CASA) and are supervised by CASA Coordinators. The CASA Program moved from Family Court to OCA on March 6, 2017.

Another statutory responsibility is assisting the Office of the Investigation Coordinator (IC). The IC was established in the wake of Dean Ammons' Independent Review of the Earl Brian Bradley Case. Dean Ammons was tasked with reviewing the State's policies and statutory and administrative procedures governing child sexual abuse and exploitation while in turn making recommendations that "foster a child protection community of collaboration and accountability to better protect Delaware's children from predators" (Executive Order No. 16). As a result of Dean Ammons' Independent Review, the Governor's Committee on the Protection of Children was established in order to address recommendations relating to multidisciplinary collaboration and coordination. In 2013, legislation was put forth, drafted by the Committee, and ultimately championed by the Child Protection Accountability Commission, creating the Office of the Investigation Coordinator. The IC transferred from the DSYCF to OCA on April 20, 2016.

In addition to overseeing OCA, the Child Advocate serves as the Executive Director of CPAC, which is comprised of key child welfare system leaders, who meet regularly with members of the public and others, to identify system shortcomings and the ongoing need for system reform. CPAC's overall statutory mission is to monitor Delaware's child protection system to ensure the health, safety, and wellbeing of Delaware's abused, neglected, and dependent children. CPAC serves as the federally mandated Citizen Review Panel and Children's Justice Act (CJA) State Task Force.

During FY16, CPAC was vested with state statutory authority to investigate and review deaths or near deaths of abused or neglected children. This responsibility was transferred from the Child Death Review Commission (CDRC) to CPAC on September 10, 2015. Then, at its meeting of October 14, 2015, CPAC ratified the Child Abuse and Neglect (CAN) Steering Committee and Child Abuse and Neglect Panel. In addition, CPAC authorized the CAN Panel to conduct the confidential investigations and retrospective reviews on behalf of CPAC and charged the CAN Steering Committee with providing oversight of these duties. As such, all activities of the CAN Steering Committee and CAN Panel are statutorily confidential. However, the statute allows the Commission to release system-wide recommendations arising from an investigation and review to the Governor, General Assembly and public.

On the last day of the fiscal year, 718 children were in the legal custody of DSCYF. Of those, OCA was representing 372 (52%) children and, the CASA program was representing 346 (48%). By the end of FY2016, OCA was proudly partnering with 181 volunteer attorneys with at least five years' experience representing children through OCA. One hundred five of the 181 are attorneys who have ten years of experience or more. For CY2016, over 240 volunteer CASAs served as one-on-one advocates for children in foster care. Approximately 40 new volunteers were inducted into the program, after completing the 30-hour training course. CASA volunteers spent approximately 50,000 hours with children in DSCYF custody in 2016.

At the end of FY2016, the Office of the Investigation Coordinator was monitoring 407 cases of death, serious physical injury, or allegations of sexual abuse of a child. Of those, 319 were intra-familial and 88 were extra-familial cases.

The CAN Steering Committee met quarterly to review and approve the work of the CAN Panel. Between September 2015 and April 2016, the CAN Panel conducted retrospective reviews on 51 cases - 18 deaths and 33 near deaths. The result was 307 findings across six system areas. As a result of these findings, the CAN Steering Committee made several system-wide recommendations to the Governor, which are available at the following link: http://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx.

In its capacity as the CJA Task Force, CPAC submitted its CJA Annual Progress Report and Grant Application to the Administration on Children, Youth and Families on May 31, 2016, and approved on July 8, 2016.

OCA continued to meet with DSCYF to improve policies and procedures in the child welfare system and to develop future policy and legislative agendas. Quarterly meetings with DSCYF helped to advance issues such as case management decisions, caseloads, placements, advanced training, permanency, and system challenges.

OCA partnered with Family Court to contract a CPAC Data Analyst, who has worked with system partners to review and analyze child welfare data, and staff the CPAC Data Utilization Committee. The contractor and OCA staff have worked with OCA's partners to develop and maintain efficient processes for the collection and analysis of data to report the current trends on a consistent basis to CPAC.

In December 2015, OCA and CASA were fortunate to be the continued recipients of the *Transform One Unique Child's Heart (TOUCH) Program*, a joint project of the Christiana Rotary Club and Wells Fargo. TOUCH sent out shopping teams weeks prior to the holiday, working very hard to fill wish lists for children in DSCYF custody. Even last minute requests from volunteers and advocates, on behalf of their child clients, were able to be filled due to the dedication of OCA and CASA staff and its generous community partners.

In January 2016, CPAC was fortunate to become the recipient of a Casey Family Programs grant to improve educational outcomes for youth in foster care, which transitioned from the Family Court and is now administered by OCA. CPAC approved a strategic plan in March 2016, which identifies two goals: to implement school programs and strategies that address the emotional and social needs of foster youth and create an optimal learning environment for at-risk youth, and to improve interagency cooperation and coordination of services to maximize student services and school stability for children in foster care. The Education Demonstration Project conducted its first statewide training in 2014 and expanded into a six school district collaborative in 2015. Between January and June 2016 when the grant transitioned to CPAC/OCA, the Education Demonstration Project trained over 200 educators on trauma and the impact on learning, and how the Compassionate Schools Model can improve connections between educators and students who have experienced trauma, foster care, or toxic stress. Through these trainings, educators learn how trauma impacts brain development, the importance of relationships with students, and strategies to foster safe learning environments. The Casey Education Demonstration Project also developed a Compassionate Schools Learning Collaborative, which is comprised of more than 10 schools and school districts with a focus on improving education outcomes and connections

for at-risk students, including students experiencing foster care. The Learning Collaborative has also developed partnerships with the University of Delaware/Department of Education DE-Positive Behavior Supports Project and Children and Families First to administer trainings and evidence-based strategies to help educators understand how to work with at risk students.

Because Delaware sought out training opportunities, consulted with experts, and intervened early in cases of child torture, our child welfare system was recognized as a national leader and a panel was invited to present an advanced workshop in March 2016. The Delaware panel, which included representatives from the Beau Biden Foundation, CAC, DFS, DOJ, Family Court, OCA, New Castle County Police Department and the medical community, had the extraordinary opportunity to present to an international audience its collaborative response in two cases, which put an end to years of torture and chronic abuse suffered by the children. The panel also shared the policy changes initiated by CPAC in response to these cases to help first responders recognize the elements of child torture. Specifically, the group shared its checklist for Common Elements of Child Torture. The purpose of this checklist was not to define torture; it, instead, demonstrated the commonalities in torture cases to help professionals identify potential child torture cases. This checklist will be included as part of the revised 2017 MOU for the Multidisciplinary Response to Child Abuse and Neglect.

In April 2016, CPAC partnered with multiple agencies to develop the annual campaign for Child Abuse Prevention Month. As a result of a generous donation from the Levin Family Foundation, OCA contracted with radio station WJBR to host a digital marketing campaign through Facebook, mobile ads and desktop ads. Public service announcements from the Attorney General, Child Advocate, DSCYF Cabinet Secretary and Governor were also featured, and three images were donated from a local graphic artist. The campaign helped to raise awareness about Delaware's statutory, child abuse mandatory reporting obligations and the availability of the "Stop Child Abuse" License Plate.

During the final week of FY2016, the Youth Advisory Council painted a mural to donate to the New Castle County Family Courthouse in honor of the late Judge Alan N. Cooper. OCA staff worked with donors including the Delaware Bar Foundation, and other legal donors, to make this mural a possibility and with other behind the scenes details. Staff provided on-site direction and support the entire week of the mural and coordinated with multiple vendors and law firms who donated breakfast and lunch each day. The mural unveiling and donation event drew judges, advocates, professionals and youth.

CPAC, in partnership with the Alfred I. DuPont Hospital for Children and other multidisciplinary team (MDT) agencies, approved the Delaware Multidisciplinary Team Guidelines for Child Abuse Medical Response (Guidelines) at the end of FY2016. The Committee was charged with developing statewide guidelines for determining the need for forensic medical examinations in child abuse and neglect cases. These Guidelines established 4 medical response matrices for assisting MDT members with identifying and initiating the appropriate medical response in cases of child sexual abuse, serious physical abuse, physical abuse and neglect. The matrices also listed several fact patterns for acute and non-acute cases that are unique to the abuse type, as well as the appropriate medical provider for each. These Guidelines will also be included as part of the revised 2017 MOU for the Multidisciplinary Response to Child Abuse and Neglect.

Over the next year, CPAC plans to accomplish many of its priorities through its various committees. The Abuse Intervention Committee will continue to meet twice a year to provide oversight for the Children's Justice Act grant. In addition, to remain eligible for CJA grant funds, CPAC will submit an Annual Progress Report and Grant Application in FY2017. At the same time, the Training Committee, with the support of its workgroups and the Training Coordinator, will carry out the training initiatives identified in the federal grant application, including convening the 2017 Protecting Delaware's Children Conference and unveiling the revised 2017 MOU for the Multidisciplinary Response to Child Abuse and Neglect. FY2017 will also bring In-Depth Technical Assistance for Substance-Exposed Infants from the National Center on Substance Abuse and Child Welfare. The Joint Committee on Substance-Exposed Infants/Medically Fragile Children expects to receive feedback about its application.

The remaining CPAC Committees have identified future goals of their own. In Fiscal Year 2017, the Data Utilization Committee plans to unveil online data dashboards to present the system-wide child welfare trends over a longer period. Meanwhile, the Education Committee will continue to make progress with its strategic plan to support the educational success of children in foster care and to provide additional resources to child welfare and educational professionals. The Legislative Committee will champion bills proposed by CPAC and its committees.

Links to annual reports:

CPAC Annual Report: <http://courts.delaware.gov/forms/download.aspx?id=90818>

OCA Annual Report: <http://courts.delaware.gov/forms/download.aspx?id=91068>

CJA Annual Report and Grant Application:

http://courts.delaware.gov/childadvocate/docs/2016CJA-Application_Aattachments.pdf

Court Improvement Program (CIP)

The Court Improvement Program utilizes federal funds from the U.S. Department of Health & Human Services, Administration for Children & Families to ensure collaboration between the state-administered child welfare agency and the Courts to achieve safety, permanency and well-being outcomes for children in the child welfare system. Since 1998 the State of Delaware Family Court has administered the CIP and partnered with DFS around dependency and neglect cases. The overall goal of CIP is to strengthen the effectiveness of the decision-making of the Court to achieve the outcomes stated above.

There are three core elements within the CIP that have defined the program and corresponding to grants: data, basic and training. The data grant supports data sharing between Family Court and DFS. The training grant increases child welfare expertise among the legal community and other relevant stakeholders through cross-training opportunities and the basic grant allows Family Court to assess their effectiveness in carrying out State laws regarding foster care and adoption proceedings and subsequently, make improvements where appropriate. The State of Delaware Family Court has historically engaged stakeholders in CIP work and will continue to do so in the future.

CIP continues to track and report out on key performance measures each year as it is a requirement for the grant. In FFY2016, there were several required timeliness measures reviewed with CIP Judges and DFS leadership. Delaware has tracked these key measures for several years and our performance for a few of these measures is highlighted below.

Specifically, Delaware's CIP performs well for the time to reach the first permanency hearing. The statewide median number of days to reach the first permanency hearing was 369 days in FFY2015 compared to 363 days in FFY2016. The goal for this measure is 365 days. Another key measure which has historically been tracked is the time to permanent placement. The median number of days to permanent placement was 409 days in FFY2015 as compared to 372 days in FFY2016. This reflects a slight decrease from the prior two years. The CIP will continue to track key timeliness measures so that there is ongoing attention to timeliness and permanency outcomes.

As indicated in our APSR submission last year, an area for improvement with our timeliness measures is related to our time to termination of parental rights. We have tracked this measure and seen that the time to termination of parent rights has fluctuated over the past few years. The median number of days to the termination of parent rights was 576 days in FFY2014 as compared to 615 days in FFY2015 and then there was another decrease again in FFY2016 to 508 days. This measure has also been discussed with statewide partners as it is impacted by the time of the termination of parental rights petition filing. Over the past year, CIP leading practices were recommended around how most effectively to address this issue to ensure that proper practices have been outlined to ensure reaching timely permanency. The CIP continues to further evaluate this measure and it is a joint goal to address in Delaware's Performance Improvement Plan as related to the CFSR.

Delaware's CIP is committed to ongoing tracking and monitoring of its federal timeliness reporting measures and will continue to evaluate trends in our data moving forward. One of the opportunities that the CIP continues to have is an ongoing collaboration with DFS around permanency outcomes. The CIP and DFS will continue to collaborate in data reviews and case reviews to identify barriers and reasons for timeliness delays with our CIP shared cases. This was a newly identified goal for the Court and DFS last year and the challenge will be to ensure that the meetings are meaningful and can ultimately result in opportunities for system improvements.

This past year the CIP has made efforts to re-visit our parent representation practices and family engagement strategies in our courtrooms as we believe this ultimately impacts our permanency outcomes. This was indicated as a goal in last year's report and there have been activities that have occurred over the past year to advance this work. In an effort to support this, an outside agency has brought statewide training and technical support to attorneys and social workers who practice regularly in our CIP work.

A pilot Social Services Project was launched with several goals outlined. Through a joint data pilot project intervention with the state agency, comprehensive training and creation of parent attorney standards, we wanted to increase the likelihood that parent attorneys will engage more effectively with their clients and advise them on the law of what is necessary to reunify. In addition, we wanted parents to feel more connected to their attorney, feel more educated on the process and be more willing to engage in services immediately upon entry. Several outcomes will be evaluated throughout the project including: parent uptake of services within the first several months of entering care; the amount of visitation families experience within the first months of entering care and the extent of which out-of-court team meetings will occur with families within several months of their cases opening.

The permanency outcomes and length of stay for the families involved in this pilot project will be tracked throughout the duration of the project. Additionally, DFS leadership has been invited

to participate in meetings around this project and has been instrumental in sharing social services resources and contacts during the initial phase of this project. Lessons learned from this project will be evaluated next year.

The CIP continued to ensure that the necessary child welfare training opportunities for the legal community remained available. In particular, ongoing training related to several provisions outlined in P.L. 113 – 183, the Preventing Sex Trafficking and Strengthening Families Act were a priority for the CIP this past year. There were trainings hosted surrounding the Normalcy and the Reasonable and Prudent Parent Standard by the CIP. Attendees included judicial officers as well as child attorneys, parent attorneys, DFS leadership and other invested stakeholders who participate in our CIP hearings. By ensuring that all the necessary professionals are educated about the new requirements, we can ensure that the best practices are adhered to in our CIP cases.

In addition, from a training perspective, the CIP was a significant partner in carrying out the statewide Protecting Delaware’s Children Conference. This conference provided multi-disciplinary training to hundreds of child welfare professionals around a variety of topics including: substance abuse on children and the opioid epidemic, the impact of trauma on young children, family engagement strategies and psychotropic medications and the impact on youth placed in foster care, to name a few. This multi-disciplinary conference helps further the goals of the CIP training grant.

The CIP has worked with the CPAC’s Education Committee in working to complete an Educational Court Report. This project has been underway for several years and has been completed this year. CIP was an active member of this Education Committee as we know that the educational outcomes for youth in foster care are poorer than those youth not placed in care. Since educational outcomes impact child well-being the CIP wanted to ensure that there were efforts underway from a collaborative perspective that focused on these issues. Finalizing the Educational Court Report was one way to bring greater accountability to these educational issues. The initial rollout of this report is underway and will occur into the next year.

Family Court, through judicial leadership, convened a CIP Leading Practices workgroup that included attorneys and judicial officers who practice in CIP work across the state. This workgroup has been instrumental in evaluating system-wide practices that pertain to CIP hearings and assessing court practices to bring about practice improvements. The workgroup has concluded this past year and issued a final report of Leading Practices. It is anticipated that these practices will strengthen our statewide CIP practices.

These are CIP’s priorities for the coming year:

1. Delaware will continue to carry out and evaluate the work related to parent representation and parent engagement practices. The Social Services pilot project will conclude this upcoming year and then there will be an opportunity to evaluate some of the initial findings of the work moving into the next year. Efforts to bring about parent representation standards will begin in the upcoming year.
2. An internal process was put into place to monitor and ensure that quality court hearings are occurring for our CIP cases. This process entailed creating hearing quality surveys for our judicial officers and CIP attorneys. Stakeholder feedback around these surveys was

solicited prior to administering them. The first round of quality hearing surveys will be analyzed as we begin the next year. It is anticipated that the surveys will demonstrate areas for improvement and further development will be discussed with the CIP leadership.

3. One of the outcome areas in the CIP's Strategic Plan is focused on the well-being of our youth and ensuring that evidence-based practices are incorporated into our work. In particular, there is a focus on infant and toddler development and ensuring that proper evidence-based services are in place for these young children upon entry into foster care. Last year, there was a training held with our Family Court judicial officers about infant and toddler development and the special needs that these young children require while placed in foster care. There was some collaboration and follow up on this work last year; however, an additional focus will be brought to this work this upcoming year to determine the next best steps for moving forward.
4. CIP will maintain ongoing collaboration with DFS around the CFSR PIP as it relates to permanency measures over the next year. Workgroup meetings will continue to occur to address issues outlined in the PIP.
5. The CIP will continue to ensure that relevant child welfare trainings are made available to those stakeholders practicing in our CIP cases. Ongoing stakeholder feedback will be solicited to ensure that training is reflective of the needs of practicing attorneys, judicial officers and stakeholders.

Child Placement Review Board (CPRB)

Pursuant to our mandate, The Child Placement Review Act, 31 *Del. Code* 38, the Delaware Child Placement Review Board's primary objective is to provide a volunteer citizen-based independent monitoring of Delaware's children who are in the care and custody of DFS. The Board, through its county-based citizen panels, examines, monitors, advises, recommends and evaluates the effectiveness and impact of certain policies and practices on the care and well-being of children and youth in foster care. Particularly, we examine the movement of children from the time of entry until reunification with biological families, adoption, guardianship or "aging out" through the individual administrative review process. We endeavor to support DFS in its efforts to improve permanency outcomes by the following:

- Identify barriers to permanency through the individual review process
- Identify systemic issues that impact permanency outcomes
- Evaluate systemic issues that impact child welfare best practices
- Ensure compliance with Federal and State mandates
- Ensure compliance with the State Plan

Additionally, our citizen review panels also review the DYRS who are in out of state placements and adjudicated or charged youth who require a "mixing" pursuant to 10 *Del. Code* 1009. The latter group requires a higher level of review or scrutiny before they are placed with non-adjudicated or charged youth.

Lastly, the CPRB administers the Ivyane M. F. Davis Memorial Scholarship (Davis) and the federal Education and Training Voucher (ETV) grant to former foster youth and current

independent living youth. The general assembly has allotted \$75,000 for the past three years for the Davis scholarship and the ETV grant varies based on available federal funding.

For FY2016, the citizen panel conducted 639 foster care reviews. This represents approximately a 9% increase from FY2015. Of this number, 541 or 84% of the reviews were unduplicated, meaning they were first reviews of children in care for 10 months. Second reviews are conducted after the child has been in care for 18 months; 98 second reviews were conducted in FY2016.

Volunteer Hours:

- Over 1000 volunteer hours spent reviewing 639 placements in addition to 17 YRS reviews, 16 ASSIST appeals and 1 mixing review.
- 100 hours were also spent reviewing applications, interviewing youth, and making scholarship award determinations.
- 400 hours spent between the Executive Committee meetings, community outreach, capacity building and subcommittee work (excluding the scholarship subcommittee).

Here are the most commonly identified barriers to permanency as determined by reviews:

- No relative resources for guardianship or kinship care
- Parents unwilling to participate in case planning or noncompliance with case plan
- Parent housing instability
- Parent income instability
- Parent mental health issues
- Parent substance abuse issues

Here are the demographics of DFS foster children reviews:

- 47.2% of children/youth Female
- 52.8 % of children/youth Male
- 50.2 % of children/youth Black
- 49.8 % of children/youth Caucasian

FY2016, CPRB reviewed 17 DYRS cases. This represents a 45% decrease from FY2015. Historically, these cases have not represented a significant part of our workload and the trajectory appears to be trending down as DYRS is attempting to decrease out of state placements for adjudicated youth under Family Court jurisdiction and DYRS supervision.

This year CPRB reviewed 58 Davis/ETV applicants representing 16 schools, including Delaware State University, University of Delaware, Delaware Technical and Community College, Wesley College, Wilmington University, Delaware Valley College, University of Maryland, Eastern Shore, Norfolk State University, and Arizona State University. Total funds allocated for 2016/17 academic year and FY2016 was \$156,100.

The following are priorities for the forthcoming year:

1. Improved database collection and management system
2. Improve our position in the Delaware child welfare community and beyond
3. Improve volunteer recruitment, development and retention
4. Outreach and follow-up for Davis Scholars

CPRB reports are available at this web address:

<http://courts.delaware.gov/cprb/about/reports.aspx>

VI. Program Support

Training FY2017

Staffing and Organizational Structure

The Center for Professional Development (CPD) provides training and professional development for DSCYF employees and agency partners who work with children, youth, and families. CPD is housed within the Division of Management Services. CPD is staffed with a complement of seven trainers plus one support staff supervised by a Training Administrator II. There are two coaching supervisors within DFS whose primary responsibilities are to ensure new DFS workers complete pre-service training and required on-the-job experiences.

Goals and Objectives

The goal of training in the Division of Family Services is to develop the necessary knowledge, skills, and attitude needed for workers, supervisors, managers, and contracted partners to competently apply the DFS child welfare practice model. During FY2017 training continued to focus on the following casework practice initiatives grouped together under the banner ‘Outcomes Matter:’ Structured Decision Making®, Safety Organized Practice, Differential Response, Family Search and Engagement, and Team Decision Making.

CPD’s ongoing primary training objectives are: (1) Developing, updating, and modifying the DFS training curricula to embed the values, knowledge, and intervention skills in the practice framework to meet the job responsibilities of DFS staff and to comply with changes in policy, practice, and program areas; (2) Provide competency-based pre-service training; provide in-service training to caseworkers, supervisors, administrators, and contracted in-home service providers that supports best practices and integrated service planning; (3) Implement and sustain practice approaches by teaming with DFS leadership and its partners to develop the skills necessary for workers and supervisors to practice with fidelity; and (4) Be an internal partner as members and/or leads of ongoing DFS workgroups, and participants in leadership meetings and other policy and practice committees to assist in defining, planning, and executing training to targeted DFS staff.

Activities Supporting IV-B and IV-E

The following training activities support the CFSP goals and objectives, including training funded by titles IV-B and IV-E.

CPD provides competency-based training to caseworkers, supervisors, and administrators as well as to DFS contracted in-home service providers to promote and support best practices and integrated service planning. CPD updates the IV-B/IV-E Training Plan yearly adding courses to improve staff competencies. (See Attachment: Staff Training Plan Chart 2018)

- *Pre-service training:* CPD provides Instructor Lead Training (ILT) in the skills and knowledge needed by new hires to understand and implement the DFS practice model. Fourteen competency-based pre-service core trainings are delivered to cohorts of newly hired workers in the Office of Children’s Services. CPD trained mentors are paired with new hires to facilitate learning in the field, which includes required on-the-job field experiences. In addition, a graduated caseload assignment is applied, allowing for increased practical application of the knowledge and skills trained. (See Attachment: “ILT Enrollment Summary Reports – Pre-Service Training FY2017”)

- *In-service training:* In FY2017, DSCYF and CPD provided training that continued to support Outcomes Matter initiatives and federal mandates. Online training was offered to all staff on “Introduction to Trauma Informed Care” which provided information on child trauma and a trauma informed approach to working with children and families, “How to Identify and Report Child Abuse and Neglect in Delaware” which helped mandated reporters understand the law and their reporting requirements, and “Family Informed Resource Support Team (FIRST) Overview” which provided an overview of the Partnering for Success initiative and how it will benefit families as well as the divisions within DSCYF. Additionally, DFS Supervisors and frontline staff were assigned online training on “Reasonable and Prudent Parenting Standards for Case Workers” and foster parents were offered online training for “Reasonable and Prudent Parenting Standards: Training for Foster Parents” that explained important policy changes regarding decisions that foster parents can make on behalf of the foster children in their care. (See Attachment: “Training Progress Summary Pie Charts – In Service Training FY2017”) “What do you see? The Real Face of Human Trafficking” and “Human Trafficking Overview” training was provided to DFS and partner agency staff to provide an overview of sex trafficking in Delaware, information on how to identify victims, and guidance on how to respond effectively. Additionally, DFS supervisors and staff were provided with training on the “Delaware DFS Human Trafficking Policy” which provided an overview of the DFS Human Trafficking policy and the appropriate response and intervention expected. Training was offered to all DSCYF staff on “Family and Youth Engagement” which emphasizes a strength-based approach to partnership with youth and families, drawing from the concepts of motivational interviewing, appreciative inquiry, and safety organized practice. DFS Investigation supervisors and staff were provided with “Investigation Policy, Procedures, and Best Practices Training” which reviewed key decision points during an investigation, appropriate SOP techniques to use, a review of the Structured Decision Making® Safety Assessment, Child Safety Agreements, and Risk Assessments, and discussion about Investigation Protocol Policy and Procedures. Additionally, “Safety Organized Practice (SOP) Mentor Training” was offered to DFS frontline caseworkers to support mentoring as a collaborative learning strategy for new staff, with an emphasis on the elements of effective SOP casework practice. (See Attachment: “ILT Enrollment Summary Reports – In-Service Training FY2017”)

- *Statewide Partners:* Our contracted in-home service delivery partners attend new worker training and in-service with state employees. One hundred and eight external partners completed in-service trainings and two contracted providers attended the new employee training series since 7/1/2016.

Data and Statistics

During FY2017, training records indicate that 61 DFS new workers attended pre-service training. There have been no contracted agency new workers during FY2017 to date. Training records indicate 100% satisfactory completions for DFS new workers for all pre-service training within the agency four to six months, with supervisors being the control for ensuring their staff completes training. The FY2017 DFS staff training chart lists the courses offered and the number of sessions for each course. (See Attachment: “DFS New Worker Training FY2017”)

In July 2015, CPD began using a new learning management system platform, the Delaware Learning Center. One benefit of the DLC is the automation of the evaluation process. Evaluations are attached to all CPD courses in the DLC and are available following completion of the course. The evaluations are optional at this time.

The course evaluations in the DLC rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. Also included in the evaluations are open-ended questions under each of the categories requesting ideas on improving that area. The raw survey data indicates the rating from participants observed in the greatest frequency across the 14 core pre-service trainings falls into the “good to very good” range. (See Attachment: “Evaluation Reports - Pre-Service Training FY2017”) Additionally, the raw survey data observed in the greatest frequency from participants completing in-service training also falls into the “good to very good” range. (See Attachment: “Evaluation Reports In-Service Training FY2017”)

In June 2016, CPD added online DFS New Employee Midpoint and System evaluations to the DLC. The Midpoint evaluation is assigned to new caseworkers at the end of the 2nd month of training and includes a follow-up Quality Check-In meeting between CPD and the new hires. The System evaluation is assigned to new caseworkers upon completion of the New Hire Curriculum (4th month). These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires’ experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends. CPD provides the supervisors and administrators with updates on trends and information gathered from the Midpoint and System evaluations, as well as the Quality Check-In meetings.

Data collected from the Midpoint Evaluations for FY2017 indicates that 97.6% of respondents agree that they were using what they learned in training on the job. 63.4% reported that they applied learning within a week after training and 22% reported that they applied learning within 2 weeks after training. 90.2% of respondents agreed that the skills they learned in training were important for the successful performance of their job functions. (See Attachment: “Midpoint Evaluation Report FY2017”)

All new caseworkers continue to shadow experienced staff and are assigned mentors in the field in areas associated with training content and job responsibilities.

The DFS New Employee System Evaluation employs qualitative and quantitative elements designed to gather the perceptions and experiences of new workers at the conclusion of their new worker training program. Using Likert Scales of agreement, it directed the respondents to indicate their satisfaction with classroom training, supervision, mentoring, shadowing/OJT and

the overall workplace environment. The following table indicates some key data collected for FY2017. (See Attachment: “System Evaluation Report FY2017”)

DFS New Employee System Evaluation Responses FY2017 (N= 29)					
Class Room Training Questions	1 Poor	2 Fair	3 Good	4 Very Good	5 Excellent
Content was appropriate to orient me to the job	3%	0%	14%	62%	21%
Training reflected policy and best practice	0%	4%	7%	68%	21%
Training prepared me to begin doing my job	0%	17%	24%	41%	17%
Supervision Questions					
Supervision proved me adequate direction	0%	3%	10%	52%	34%
Supervision supported classroom training	0%	4%	11%	56%	30%
Supervision provided me regular feedback about my job performance	0%	3%	17%	45%	34%
Mentoring Questions					
Mentoring provided enough shadowing opportunities to orient me to the job	3%	7%	17%	48%	24%
Mentors gave me useful performance feedback	4%	7%	14%	46%	29%
Mentoring prepared me to do my job	3%	7%	21%	41%	28%
Shadowing Experiences/On-the-Job Training					
Shadowing activities were sequenced well to help orient me to the job	0%	7%	31%	41%	21%
Shadowing helped me learn my job more effectively	0%	7%	10%	62%	21%
Shadowing experienced workers helped prepare me to do my job competently	0%	7%	14%	52%	28%

In addition to the training indicated above in “Activities Supporting IV-B and IV-E,” In-Service training was offered on Maintaining Professional Boundaries and STEPS Facilitator Training.

There are limitations involved in data collection and analysis. The data are purely descriptive. Data quality is determinant upon the accuracy of registration and attendance records, the timeliness of data entry, and the accuracy of manual data input. In addition, administration procedures, survey question design, and the nature of self-reporting should be considered.

Outcomes and Measures

Indicators that training outcomes are met include: 1) Ongoing curriculum reviews to ensure training maintains focus on the outcomes of safety, permanency, and well-being for children and the knowledge and skills pertaining to the Outcomes Matter (OM) practice framework; 2) Caseworkers who can demonstrate understanding and an emerging ability with OM practices and tools as observed in training, indicated by self-reports, and from supervisor and mentor feedback during and after training; 3) Providers are being trained along with DFS staff as indicated by attendance records and trainer reports; 4) Reported employee satisfaction on training evaluations

and retention of casework staff as reported by DFS leadership; and 5) CPD participation in workgroups and in senior leadership meetings.

Barriers and Challenges

FY2017 is another year of transition for CPD, particularly with refining our knowledge of the DLC, the onset of elearning course development through Articulate, the development of curriculum for FOCUS and child welfare specific supervisor training, and the retirement of another Training Administrator. CPD continues to develop administrative expertise in the DLC and DFS staff continue to learn the user functions. CPD purchased 2 additional licenses of Articulate Storyline in an effort to begin development of elearning content for staff. Planning for FOCUS training includes the procurement of available resources (rooms, computers, subject matter experts, etc.), scheduling of all 4 divisions, and the development of classroom and online curriculum. The vacant Training Administrator position is pending and has not been filled to date.

Priorities for Coming Year

CPD plans to develop expertise in eLearning functionality to allow for online training opportunities that staff can access on their computers, smartphones, tablets, and iPads, allowing more flexibility of course completion and eliminating travel time.

CPD will continue to coordinate with DFS on the development of online and Instructor Lead Training (ILT) curriculum to provide staff training on the new FOCUS computer system in during the last quarter of 2017. Additionally, CPD and DFS are developing child welfare specific supervisor training curriculum to complete CFSR PIP activities.

The implementation of learning circles for supervisors, the launch of which is to be determined by DFS is another opportunity for ongoing professional development; including critical thinking, coaching, and solution-focused interaction and support for supervisors. When DFS moves ahead with a coaching structure and supervisory learning circles, CPD will provide continued support with a focus on assisting DFS and DSCYF on sustaining movement in the implementation and utilization of all the Outcomes Matter practices, while assuring fidelity.

Office of Evidence-Based Practice

Psychologists from the OEBP attend Framework group supervision sessions each region monthly to provide clinical case consultation and participate in administrative Review Evaluate Decide (RED) teams. OEBP staff support foster care programming efforts to develop programs in the community to meet the needs of youth in foster care with mental health and behavioral health challenges. In an effort to help with the training needs of new and current workers, two trainings are now offered on DLC. One training is an introduction to psychotropic medications and there is another series on Trauma-Informed Care. These trainings help provide new and current workers an understanding of the increasing complex mental health and behavioral needs of youth served by the department. In addition, OEBP staff continue provide consultation on both on the case level and a system level division and department wide to support permanency and stabilization of placements. Staff Psychologists serve on the Permanency Committee, Placement Resource Team, Department Psychotropic Medication Committee, and Trauma-Informed Care Committee workgroups to assist with these efforts. Objectives include serving youth with evidence-based practices in their communities and reducing the reliance on residential care and overreliance on psychotropic medications to stabilize youth behavior. As part of this work, staff psychologists communicate with residential facilities and caseworkers to ensure that transition to home

services are planned early in placement and that discharge to a home setting occurs as soon as the youth is stable enough to continue therapy in the community setting. OEBP clinical staff also provide support to CQI efforts within the division and across the department and serve on a number of cross agency committees to improve Delaware's efforts to improve service delivery to youth and families. For example, the IDD and MH Needs Workgroup is an interagency group that is currently working toward developing a strategic plan for better meeting the needs of youth with IDD and MH challenges.

Technical Assistance, Capacity Building, Infrastructure Support

DSCYF continues the contract with Deloitte Digital to design and implement FOCUS, the new SACWIS. FOCUS is scheduled to go live November 2017. The state implemented an enterprise level learning management system, DE Learning Center, on July 1, 2015. These system improvements strengthen the foundation for data informed practice changes and professional development. Technical assistance from the Capacity Building Center for States is slated for 2017-2018 to support the CFSR PIP strategy to implement a continuous improvement system. DE will review the available web resources before deciding on seeking additional live assistance. See Section XIV Training Plan for updates on staff training.

VII. Consultation and Coordination Between States and Tribes

An introductory letter was sent to Chief Carmine March 23, 2016 extending an invitation to the annual CFSP stakeholder meeting held April 6, 2016. An invitation to participate in the 2017 annual CFSP stakeholder meeting was sent via the tribe's website contact feature; there was no response. The agreement with the prior Chief was to assist the agency with foster home recruitment and placement should an Indian child enter state custody. DFS will contact Chief Carmine to confirm the agreement. This APSR is available to the Nanticoke Indian Association via the agency's web page upon final approval.

June 2, 2016 DSCYF received notice from the Administration on Children and Families to submit a corrective action plan to make provisions implementing the IV-E State Plan requirements for the Indian Child Welfare Act (ICWA). The agency entered a corrective action plan to provide policy and provisions to transfer jurisdiction to a title IV-E tribal organization of an Indian foster child June 2016. The policy is drafted and approved; release is pending corresponding staff training. Expected completion date is December 31, 2017. Delaware consulted with South Dakota's Sicangu Oyate Lakota Tribe's director of social services, to draft the policy. DE is adding ICWA eligibility and case activity status indicators to the agency's new automated case management system FOCUS (For Our Children's Ultimate Success) that can be queried for building monitoring reports. The current automated information system reports Indian race but not case activity. FOCUS is scheduled for 'go live' in a few months. Family Court monitors individual case proceedings for ICWA eligibility and case activity per ICWA and the 2016 ICWA Final Rule (25 CFR Part 23).

VIII. Monthly Caseworker Visit Formula Grants

Delaware's automated case management system supports monitoring and reporting of caseworker contacts per ACYF-CB-PI 12-01. Adjustments to the reportable population were made to comply with FFY2012 changes to report the total number of visits that would occur if each child were visited once every month while in care and visits occurring in the child's residence. PI 12-01 also set a 95% standard for monthly caseworker contacts effective FFY2015. For FFY2016, Delaware's performance for Measure 1: Percent of Visits Made Monthly is

94.03%. For Measure 2: Percent of Visits in the Child's Residence is 79.85%. Supporting these scores, Delaware has policy on foster child visits cited in Placement Chapter, Section G of the DFS User Manual that states that children in out of home placements must be visited monthly. In January 2008, a standardized reporting format was issued for foster care contacts for these factors: time, location, purpose, issues discussed, participants, safety and next steps. This format was distributed to DFS caseworkers and purchased care agencies. In January 2009, FACTS was modified to include a specific monthly foster care contact event. This event allows workers to enter specific information regarding their monthly foster care contact including where the contact was made. This FACTS modification also allows the supervisor to track monthly foster care contacts to ensure that children are seen monthly and that the majority of contacts are made in the child's place of residence. Caseworker visit grant funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

Delaware will report foster care contacts for FFY2017 by December 15, 2017.

IX. Adoption and Legal Guardianship Incentive Payments

Currently DE does not have a Guardianship Assistance program (GAP) and received no Guardianship Rate Incentive Payments for subsidized guardianships for FFY2016. DE received \$10,000 adoption incentive funds for FFY2015. DE received \$3,150 adoption incentive funds for FFY 2016 that remain unencumbered to date. In April 2016, DFS sponsored an adoption workshop titled 'Adoptive Families are Diverse. Helping Families Understand Culture, Race, and Sexual Orientation.' The target audience was adoptive families and those children placed with foster families going through the adoption process. The presenter was Dr. Joseph Crumbley. DFS will spend Adoption Incentive Payments before expiration on pre and post-adoption support or training for families or professional staff.

X. Child Welfare Waiver Demonstration Activities

Delaware does not have a child welfare waiver demonstration project or activities to report.

XI. Quality Assurance System

DE sampled 99 investigation cases during CY2016. Individual case review results are shared with the specific supervisors/staff and, the quarterly performance reports are addressed by the investigation program manager at regularly scheduled workgroups. Refer to Section II, Update of Assessment of Performance for review of case review finding.

The Quality Assurance System was determined to be an area needing improvement by the 2015 CFSR. There were three core areas of the review process needing corrective action. The questions used in the treatment and permanency reviews instruments did not all align with federal on-site review instrument questions. DE does not conduct stakeholder interviews as a part of the case review process and there isn't a second level quality assurance review. DE assigned the first cases using the federal OSRI June 2017. This activity is documented in the CFSR PIP as the first step towards establishing a continuous quality improvement system with components and dynamics consistent with federal standards. Results of these case reviews are the CFSR PIP Measurements for 8 items rated as areas needing improvement. It will take 6 months to reach the number of applicable cases to complete the first report for PIP purposes. DFS is accessing its need for technical assistance from the Capacity Building Center for States to build upon the

current continuous improvement efforts to systematically evaluate, plan, implement and re-evaluate practice using a data-informed model. DFS continues its partnership with Administration for Children and Families Region III and the national CFSR team to monitor and strengthen the Quality Assurance System.

XII. Child Abuse Prevention and Treatment Act State Plan Requirements and Update Requirements and Updates

1. Requirement: Describe substantive changes, if any, to state law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the state's eligibility for the CAPTA state grant (section 106(b)(1)(C)(i) of CAPTA). The State must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility.

Update: Since the last CAPTA plan and update, there were no substantive changes to state law or regulations relating to the prevention of child abuse and neglect that could affect the state's eligibility for the CAPTA state grant.

2. Requirement: Describe any significant changes from the state's previously approved CAPTA plan in how the state proposes to use funds to support the 14 program areas enumerated in section 106(a) of CAPTA. (See section 106(b)(1)(C)(ii) of CAPTA).

Update: No significant changes are proposed to Delaware's approved CAPTA plan.

3. Requirement: Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2016 (section 108(e) of CAPTA).

Update: CAPTA funds supported the following program areas during FFY2016 -

- CAPTA, Section 106.a.1. the intake, assessment, screening, and investigation of reports of child abuse or neglect

Two 0.50 FTE Institutional Abuse (IA) Investigators investigate statewide allegations of child abuse in licensed and state run childcare facilities. (See Attachment: Institutional Abuse Statistics January 2016 – December 2016)

- *CAPTA, Section 106.13.B. to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports*

DFS contracts with A.I. DuPont Hospital for Children for expedited medical examinations to determine child abuse or neglect. This contract also provides for the services of a social worker to manage DFS cases and assist DFS caseworkers. (See Attachment: A. I. DuPont Hospital for Children – Emergency Department, Division of Family Services, January – December 2016 Statistics)

- *CAPTA, Section 106.7. improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;*

CAPTA funds were utilized to send the Program Managers for Intake and Investigation and Treatment to the Child Welfare League of America National Conference called “What Works for Families Affected by Substance Use.” The conference was held in Orange County, California from August 1 -3, 2016. The Program Managers were part of a delegation of eight DFS staff that included the Director, Deputy Director and management staff from DFS statewide regional offices.

CAPTA funds supported travel for the State Liaison Officer (SLO) to attend yearly SLO meeting on August 29-30 and the 20th National Conference on Child Abuse and Neglect August 31 – September 2, 2016.

DFS sent the two statewide Institutional Abuse Investigators to the National Children’s Advocacy Center in Huntsville, Alabama in October 2016 for training about “Interviewing Child Victims with Disabilities”.

The Program Manager for Intake and Investigation joined the CPAC Executive Director, Tania Culley, and the CAN Panel Director, Rosalie Morales, at the 16th National Citizen Review Panel Conference in Anchorage, Alaska on May 10-12, 2017 to do a panel presentation called “From Review to Action: How Delaware has improved the State’s child protection system through the review of individual cases.” The Panel discussed the transformation of the CAN Panel reviews since moving from the Child Death Commission to CPAC.

4. Requirement: Submit a copy of the annual report(s) from the citizen review panels and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies, as required by section 106(c)(6) of CAPTA.

Update: CPAC serves as Delaware’s Citizen Review Panel. CPAC’s State Fiscal Year 2016 report is located online at <http://courts.delaware.gov/forms/download.aspx?id=90818>

Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015

5. Requirement: Provide an update on the steps the state has taken to address the amendments to CAPTA by the Justice for Victims of Trafficking Act of 2015 since submission of the 2017 APSR and CAPTA Annual Report.

Update: Statewide DFS staff and provider staff attended mandatory training on September 8, 2016 in New Castle County and September 23, 2016 in Kent County on human trafficking training entitled “what do you see? The real face of human trafficking.” The training was conducted by Yolanda Schlabach, founder and executive director of Zoe Ministries. Ms. Schlabach was instrumental in helping Delaware pass legislation codifying human trafficking in state code. Zoe Ministries is dedicated to providing aftercare for minor female victims of sex trafficking. The training covered the different forms of human trafficking and highlighted the elevated risks for children in foster care to become victims of minor sex trafficking. After the formal trainings concluded, the Program Managers for Intake and Investigation and Treatment trained about DFS policy designed to help identify and report suspected human trafficking. The training included questions staff should consider asking children they suspect may have been victims of sex trafficking. The contracted, community-based FAIR was also required to attend the training.

The first Human Trafficking Conference was held on November 17, 2016 at Dover Downs Hotel and Casino sponsored by Zoe Ministries. The conference brought together law enforcement, victim advocates, and community providers. Yolanda Schlabach highlighted the work Zoe Ministries has undertaken to fight human trafficking and commercial sexual exploitation (CSE) in Delaware. The Program Manager for Intake and Investigation was requested to speak during a breakout about DFS’ role in combating the issue and the new policies and procedures that were set to identify and offer treatment services to youth who have been victims of human trafficking and commercial sexual exploitation.

The new case management system, FOCUS, will have a sex trafficking indicator on the hotline report and there will be a sex trafficking indicator on the Investigation Supervisor’s case disposition. This will enable DFS to count suspected and confirmed sex trafficking.

DFS Investigation Supervisors estimate they have had 10-12 trafficking cases over the past year. DELJIS maintains criminal justice statistics. DFS requested the numbers of convictions for CY2016 involving victims under age 18 and offenders over age 18 for the following offenses that correlate with sex and labor trafficking:

- DE 11 0787 00b1 F C Trafficking an Individual
- DE 11 0787 00b1 F B Trafficking an Individual - Individual is Minor
- DE 11 0787 00b2 F C Human Trafficking - Forced Labor
- DE 11 0787 00b2 F B Human Trafficking Minor - Forced Labor
- DE 11 0787 00b3 F C Human Trafficking - Sexual Servitude
- DE 11 0787 00b3 F B Human Trafficking Minor - Sexual Servitude
- DE 11 0787 00b5 F A Trafficking of Persons for Use of Body Parts

In addition to trafficking convictions, convictions were requested for Dealing in Children and Sexual Extortion of a Minor under age 18. The conviction counts for 2016 are:

Statute	Description	Convictions
DE110778A0b1FF	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 2ND DEGREE	1
DE110778000aFA	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 1ST DEGREE	1
DE110778000aFB	CONTINUOUS SEXUAL ABUSE OF A CHILD	2
DE110778000bFB	SEXUAL ABUSE OF A CHILD BY A PERSON OF TRUST 1ST DEGREE	1
DE1107740005FE	SEXUAL EXTORTION - EXPOSE A SECRET OR PUBLICIZE AN ASSERTED FACT	1

DFS cannot confirm whether any of these convictions were actually due to sex trafficking. The small number of civil cases and confirmed convictions indicates Delaware should continue to train first responders about screening for sex trafficking.

The CAN Best Practices Subcommittee of CPAC continued to meet during 2016 through February 2017 on the fourth revision of the MOU with the DSCYF, Delaware law enforcement agencies, DOJ, and CAC. The updated Memorandum will also include the Division of Forensic Science (formerly the Medical Examiner's Office), Office of the Investigation Coordinator, and hospitals. The sections of the MOU include physical injury, serious physical injury, child death, child sexual abuse, child neglect, and juvenile trafficking. General youth indicators of trafficking, a Juvenile Pre-Assessment Tool, and a Juvenile Trafficking Protocol were developed added to the MOU.

6. Identify any continued technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.

Update: There have not been any technical assistance needs identified related to implementation of the amendments.

7. Requirement: If the state has not submitted the Governor's Assurance Statement and is not able to demonstrate compliance with the amendments relating to trafficking, the state must coordinate with the CB RO in developing a Program Improvement Plan (PIP). The PIP must address the specific steps the state will take to come into compliance with these provisions by no later than June 30, 2018. The state must submit the PIP for approval by CB with the annual CAPTA Report.

Update: The Governor's Assurance Statement was signed and dated on June 30, 2016.

Amendments to CAPTA made by P.L. 114-98, the Comprehensive Addiction and Recovery Act of 2016 (CARA)

8. Requirement: Provide an update on the steps the state has taken since submission of the 2017 APSR and Annual CAPTA Report and the passage of the CARA amendments to implement the provisions in section 106(b)(2)(B)(ii) – (iii) of CAPTA, to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

Update: See update for number 9 for steps taken to implement CARA provisions.

9. Provide information on any changes to laws, policies or procedures relating to the identification and referral to Child Protective Services (CPS) of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.

Update: HB 140 known as Aiden’s Law was introduced on April 13, 2017. The bill will amend Title 16, Chapter 9 (Abuse of Children) by dividing the Chapter into two parts with Chapter 9B focusing on Infants with Prenatal Substance Exposure. The synopsis of the bill states “This non-punitive, public-health oriented bill seeks to codify certain sections of the federal law known as the Child Abuse Prevention and Treatment Act (CAPTA), as amended by the Comprehensive Addiction and Recovery Act (CARA), that requires states to have policies and procedures in place to address the needs of infants born with and identified as being affected by substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder, including a requirement that healthcare providers involved in the delivery or care of such infant notify the child protection services system. This bill formalizes a uniform, collaborative response protocol for the development of a Plan of Safe Care for infants with prenatal substance exposure and their affected family or caregivers.”

10. Provide an update on the state’s policies and procedures regarding the development of plans of safe care to address the health and substance use disorder treatment needs of substance-exposed infant and their families or caretakers.

Update: DFS proposed content and a Plan of Safe Care format to the CPAC Substance-Exposed Infant Committee very early in 2016, however, the Chair of the Committee wanted to defer development and implementation of the plan until a smaller state team participated in a facilitated action plan meeting followed by technical assistance to develop the plan of safe care and a memorandum of understanding. In lieu of a plan of safe care, DFS staff have been using the SDM® Safety Assessment and Child Safety Agreement. HB 140 legislation is pending passage to strengthen DE’s plans of safe care for substance-exposed infants.

The Investigation Coordinator (IC) is located in the Office of the Child Advocate. OCA provides administrative support to CPAC. The IC, who also chairs the Substance-Exposed Committee and state team, has been tracking substance-exposed infants since December 2014. Statistics regarding substance-exposed infants compiled by the IC. (See Attachment: SEI Report 2016)

11. Requirement: Describe the procedures the state has developed to monitor plans of safe care, to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers.

Update: DFS continued the process established with statewide hospitals who should request that a Discharge Plan of Safe Care meeting be convened by the hospital for one or more of the following conditions:

- (1) Significant non-compliance with care of the infant; not visiting or participating in care
- (2) Substance use, but not participating in a treatment program
- (3) Evidence of current illicit drug use that impairs caregiving ability
- (4) Infant length of stay is greater than 30 days as a proxy for severity
- (5) Poly substance use
- (6) Medically unstable/complex medical care in addition to a concern about the ability of the caregiver to meet the infant's needs

When a Safety Plan Agreement is developed by DFS regarding services needed for the substance-exposed infant and parents, it is monitored by DFS.

12. Describe any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among state CPS agency, the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs). Provide information on the role of the agencies involved in ensuring effective implementation of these provisions.

Update: On July 12, 2016, the former DFS Director, with the technical assistance of the Casey Family Programs, invited the DHSS Divisions of Public Health and Substance Abuse and Mental Health to begin meetings to plan how to serve families with substance abuse better through a multi-agency approach. The Committee named itself the Multisystem Healthy Action Committee. Additional 2016 meetings were held on August 17, September 20, and October 4. There was a teleconference on January 6, 2017 and another meeting was held on March 10, 2017. Work products included A Call to Action Draft and a Memorandum of Understanding for Improved Service Delivery for Families Impacted by Substance Abuse and Other Risks was signed on December 5, 2016. It can be found online:

<http://kids.delaware.gov/policies/moamou/mou-dscyf-dhss-improved-service-delivery-for-families-impacted-by-substance-abuse-and-other-risks.pdf>

13. Submit the Governor's Assurance Statement certifying that the state is compliance with the amended provisions of section 106(b)(2)(B)(ii) – (iii) (Attachment G).

Update: A Governor's Assurance Statement is not submitted with this report, pending passage of Aiden's Law, HB 140, amending Title 16, Chapter 9 Abuse of Children.

14. States unable to provide the required assurance and to document compliance with CARA by June 30, 2017 are required to coordinate with the CB RO in developing a PIP. The PIP must address the specific steps the state will take to come into compliance with these provisions by no later than June 30, 2018. The state must submit the PIP for approval by CB with the Annual CAPTA Report.

Update: Governor's Assurance Statement for CARA provisions are pending passage and implementation of HB 140 Aiden's Law. Delaware will submit the assurance or coordinate a program improvement plan with Children's Bureau Regional Office III.

15. Requirement: To facilitate ongoing communication between CB and states on issues relating to CAPTA and child abuse and neglect, please submit the name, address, and email for the state CAPTA coordinator (also known as the State Liaison Officer) or where this information can be found on the state's website.

The State Liaison Officer and contact information:

Linda M. Shannon, MSW

Intake and Investigation Program Manager

1825 Faulkland Road, Wilmington DE 19805

Linda.Shannon@state.de.us

302-633-2663

Note: Linda Shannon will retire from State service effective July 1, 2017. The name of her successor will be forwarded to CB when s/he has been hired. During the interim, contact:

Keith Zirkle

Program Support and Resource Administrator

1825 Faulkland Road, Wilmington DE 19805

James.Zirkle@state.de.us

302-633-2709

XIII. Chafee Foster Care Independence Program

Program accomplishments and planned activities are referenced in the Chafee Foster Care Independent Living Program grant application in Section XVIII.

National Youth in Transition Database (NYTD)

Delaware has done well in ensuring compliance with the provisions of NYTD having achieved full compliance every reporting period. The methods utilized to acquire the data regarding services and NYTD surveys have been effective. Delaware looks forward to the NYTD Review. Youth and other stakeholders will be informed of the NYTD Review through meetings and email messages once dates are set. DE expects to be in the last cohort of states to be reviewed.

Collaboration with Youth and Other Programs

The Youth Advisory Council is the voice of foster youth in Delaware. Youth gather monthly in a central location to provide input into youth oriented legislation, independent living programming development, Council activities and recreation. During the April 2017 YAC meeting, youth provided input on the agency's strategic planning by identifying strengths and worries about agency and community programming for foster youth. Their comments are noted in Section I, General Information and Collaboration. DFS collaborates with a variety of community partners on behalf of foster youth including contracted community based service agencies, state and local housing authorities, Child Placement Review Board, Delaware State University, Family Court, DMMA, PSSF, DSS, Jobs for Delaware Graduates, Department of Labor, Workforce Investment Board, DOE, and Vocational Rehabilitation Programs.

Consultation With Tribes

Members from the Nanticoke Tribe are invited to review the coordinated plan and has access via the DSCYF website. The Independent Living Program (ILP) is included in this review. The program support administrator met with the prior Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. An invitation to the new Chief to review and join in coordinated planning awaits a response.

Education and Training Voucher (ETV) Program

DE has had the Davis Scholarship since 1989, but over the years, the infusion of the ETV program has enabled the scholarship funds to proliferate; accordingly the number of students served by the Davis Scholarship and ETV program has increased as well. Despite the increase in recipients, award amounts have been reduced due to decreased funding from the federal allocation. The state has supplemented the loss by increasing the Ivyane D.F. Davis scholarship by \$25,000. Because of DE's size, award decisions are tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification so at a minimum youth achieve a level of training that will allow them to earn a living wage.

CPRB staff continually educate the community regarding the scholarship and ETV resources. Initial promotion of ETV occurs during child placement review hearings. Also, CPRB conducts hearings for young adults that receive financial stipends. During such hearings, an opportunity exists to share information regarding ETV. Additionally, CPRB maintains an ongoing commitment to educating youth at the Annual Youth Conference regarding the program and requirements. They will also continue their participation in the annual event entitled Destined for Greatness. Participation in this event helps to inform youth that have achieved various accomplishments including high school completion. This will help such youth understand the resources available to achieve their educational/vocational goals. Youth are also educated regarding their eligibility for ETV at their transition and exit planning meetings. Young adults that move outside of the state are eligible for a monthly stipend. Those youth receiving the stipend and living out of state receive information and reminders regarding their eligibility for ETV. Fifty-eight young adults received ETV funds during school year 2015/2016; 33 were new applicants. (See Attachment: Annual Reporting of Education and Training Vouchers Awarded - Federal Attachment E)

XIV. Updates to Targeted Plans within the 2015-2019

Foster and Adoptive Parent Diligent Recruitment Plan

The DFS foster care recruitment plan is updated annually and continues to guide recruitment of foster parents statewide. The recruitment plan targets these populations: teenagers, sibling groups, children with special needs, children with developmental disabilities, substance-exposed children and the medically fragile. The Division contracted a new statewide recruiter in October of 2016, who helped with the implementation and reporting for the recruitment plan. The recruiter as the lead on all recruitment efforts, worked along with the local foster home coordinators and PCAD trainers to track foster parent inquires, provide information, encourage attendance to information sessions and maintain contact with families through the training and approval process. A new database maintained at the state office tracks all initial inquiries from first contact through final approval. This allows for greater personal connections with potential foster parents and helps the recruiter see where processes should be adjusted. All marketing

materials are rebranded with a uniform look and feel; the recruitment PowerPoint presentation, the marketing brochure, and information packet have all been updated and present a cohesive message. DFS utilizes foster parents in recruitment activities. Partnering with general population continues to be developed with the faith-based communities and by joining community groups such as the Georgetown and Milford Chambers of Commerce. The recruiter has broadened the reach of DFS into the community. At all presentation and recruitment events, the needs of our target populations are expressly stated. The DFS website now has a registration portal for “Information Sessions”. This portal captures all inquiries. This allows foster parents applicants to self-register eliminating delays. All inquiries receive confirmation emails for the next information session along with the information packet attached. (See Attachment: Foster Care Marketing, Recruitment and Retention Plan)

Health Care Oversight and Coordination Plan

Health of foster children is administered by Medicaid MCOs and a network of primary care providers. The Office of Evidence Based Practice continues to contract with a consultant pharmacist to review psychotropic medication concerns and contribute to system medication oversight. OEBP clinical staff also assist in program level and case level clinical support to help insure mental health best practices are being employed. In addition, DFS continues collaboration between Nemours pediatricians, DMMA, MCOs and providers, in an effort to develop an improvement in information sharing and communication across agencies. Documents related to informed consent, health care information and caregiver information created during the work of the Tufts/Casey consultation project are being piloted at the Nemours Foster Clinic. These documents will also being shared with community providers so that best practices are employed consistently between settings.

Medical professionals are consulted and involved in assessing the health and well-being of foster children. The Children’s Advocacy Center, A.I. du Pont Hospital for Children, Christiana Care, Nanticoke Hospital, Kent General Hospital, Beebe Medical Center, Division of Public Health, Division of Child Mental Health Services, school-based Wellness Centers and private medical practitioners provide a network of medical, dental and mental health care for foster children. Per policy, medical examinations are required when investigating physical abuse, sexual abuse and physical neglect for any child under the age of eight. Policy provides guidance for examinations for older children based on criteria. High-risk infants must be reviewed per protocol prior to discharge from hospitals. Children entering foster care must have a physical examination prior to entering care or within two weeks of entering care. The Division of Prevention and Behavioral Health Services coordinates higher levels of care for foster children. A pediatrician, specializing in abuse and neglect, is a member of the Child Protection Accountability Commission. DE is reviewing current coordination of medical, dental and mental health services for foster children at the child and agency level per Fostering Connections Act requirements.

The Delaware Health Care Services Plan is a collaboration between the State of Delaware’s Department of Health and Social Services and Department of Services for Children, Youth, and Their Families. As of its May monthly meeting, updating the Plan is underway by the Medicaid Workgroup established by DSCYF and DHSS in February 2017 to improve Medicaid and MCO services to children in foster care. This 27-member workgroup comprised of statewide staff at all levels from Family Service Assistants to Social Services Chief Administrators from both Departments represents four Divisions: DFS, DMSS, DSS, and DMMA. An adoptive parent/former foster parent is the voice for our children, foster parents, and adoptive parents. The DMMA Medicaid Policy Advisor, a standing member of the Medicaid Workgroup, offered to

reconcile the current Plan with all federal mandates from October 2010 through the present and to consult within DMMA and DSS in order to present a DHSS recommended Plan to DSCYF. Additional contributors and editors are DMSS' Client Eligibility Unit's Social Services Chief Administrator, workgroup members with policy responsibilities and any DFS regional staff, as all workgroup members were invited to share the current Plan within their regions for suggestions.

Disaster Plan

The State of Delaware was not affected by a disaster in this reporting period. The DFS Emergency Plan was updated in the Office of Child Care Licensing section. DHSS requested that DFS participate in the Family Assistance Center (FAC) Planning Project. The FAC is "a facility that is established as the result of a mass fatality incident (MFI), including but not limited to an aviation, maritime or rail accident, natural disaster or terrorism event." The plan incorporated key elements of DSCYF's Unattended Children's Center plan for dependent children. The FAC Plan is expected to be completed by the end of June 2016. The current Continuity of Operations Plan (COOP) used by all State of Delaware departments is changing to a new program. (See Attachment: Emergency Plan)

Training Plan

The following is an update to the staff development and training plans that support the goals and objectives of the 2015-2019 CFSP. Technical assistance activities planned to be undertaken in support of the goals and objectives are described herein. At this juncture, no evaluative or research activities with a university, college, or outside organization are underway or planned involving DFS training goals and objectives.

Goal: Continue to provide training and training support for a stable and competent workforce

Strategy: Update and revise DFS training curricula to fully embed the values, knowledge, and skill areas involving the day-to-day casework practices pertaining to the DFS Outcomes Matter practice model framework initiatives (e. g., Structured Decision Making®, Safety Organized Practice, Family Search and Engagement).

Activities Update:

1. Maintaining a digital library of training curriculum: This activity is ongoing. Training staff are compiling digital media including research articles, PowerPoints, whitepapers, infographics, and video in support of the core child welfare content areas that are trained. This media will be accessible to staff as it is loaded into a digital library in the new learning management system, DLC. The DLC was installed July 2015. CPD staff attended monthly DLC administrator workgroups and participated in monthly training on different functions of the DLC in FY2017. CPD staff will continue to learn new functionality within the DLC as it becomes available.
2. Formal curriculum review bi-annually or as needed: Guidelines for curriculum reviews were established in 2012. An initial review of DFS training curriculum was completed in December of 2012 and CPD continued to modify individual classes over the past few years. In December 2014, a workgroup began a complete reassessment and evaluation of the entire Core curriculum to ensure that the SOP principles were included in all the Core classes and that the training modeled the practice. In addition to the curriculum updates, other revisions included the renaming of all the courses, a modification of the 4-day "Separation, Placement and Permanency" course into two 2-day courses, the addition of

“Quality Check-In” meetings at the midpoint of the curriculum, and the development of a new course “Team Decision Making Presenters.” The revised DFS Core training was reviewed with administrators at the SLT meeting in September 2015 and became effective September 1, 2015.

3. Update instructional practices, videos and training aides are an element of above mentioned revision.
4. Update on potential content changes at training monthly staff meetings: This is ongoing. A training administrator attends monthly DFS SLT meetings, quarterly All Management Meetings, and, as available, quarterly Investigation and Treatment Workgroups to gather information that indicates a need to update training content.

Strategy: Provide Pre-service training to new casework staff, sister division staff, and providers to promote an understanding and an continued use of OM casework practices, SDM® assessments and tools to engage children and empower families to protect children from harm and/or risk of harm, promote permanence, and address child well-being.

Activities Update:

1. Develop the annual training calendar in October for the next calendar year: Completed August 2016.
2. Secure training spaces for next calendar year in October: Completed August 2016.
3. Continue to provide pre-service training in monthly cohorts: Ongoing
4. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing.

Strategy: Facilitate the use of newly trained coaches and CPD trained mentors paired with new workers to enhance learning through observation and practicing required field experiences during their four-month pre-service training cycle.

Activities Update:

1. CPD provided Safety Organized Practice (SOP) Mentor Training on September 14, 2016, and 12 participants completed the training. This course will be offered yearly or more often, as needed. Targeted for 4th quarter 2017.
2. Survey mentors to determine if they are assigned to new workers and actively mentoring: CPD began using the New Employee Midpoint and System Evaluations in June 2016. The online course evaluations rate course content, understanding, and relevance to job responsibilities. Rating categories include a Likert Scale of Excellent, Very Good, Good, Fair, or Poor. The raw course evaluation data from 88 New Employee sessions facilitated in FY2017 indicates an average score falling between the “good” and “very good” range.
3. In 2015, CPD participated in monthly CRC Coaching Planning meetings and the DFS workgroup to develop a coaching program. CRC facilitated a “Coaching Refresher: Understanding the Coaching Continuum” session on April 14, 2016 (25 participants). “Coaching Across the Curriculum” will be offered yearly or more often, as needed. CPD will continue to support DFS as they move forward with the coaching structure.
4. Assist in the launch of a coaches learning circle and participate as a member: To be determined. CPD staff will participate when DFS moves forward with planning the development of a supervisor learning circle structure.

Strategy: Assess training needs and provide *In-service training* to all levels of staff, utilizing technical assistance as needed, and partnering with SOP trainers to build knowledge, practice skills, and support attitudes geared to the full implementation and sustainability of Outcomes Matters casework practices.

Activities Update:

1. Conduct assessments and determine training needs on an annual basis. Ongoing through participation in monthly DFS Strategic Leadership Team meetings, curriculum review process, and survey data results.
2. Provide training to contracted providers and sister divisions in blended classrooms along with DFS staff: Ongoing through pre-service and in-service training.
3. Solicit peer coaches and/or SOP mod trainers to provide training as subject matter experts and contingent faculty: Peer coaches were identified for the new pre-service class on “Team Decision Making Overview” and the peer coaches co-facilitated training with CPD in 2016. The peer coaches are scheduled to facilitate the TDM training on May 11, 2017, August 24, 2017, and November 1, 2017. A peer coach was identified for “Safety-Organized Practice: An Introduction to the SOP and Structured Decision Making® Practice Models.” The peer coach observed the course in September 2016 and co-facilitated a course in February 2017. The peer coach is scheduled to facilitate the SOP course on May 9-11, 2017, August 1-3, 2017, and December 5-7, 2017. Additional peer coaches, subject matter experts, and SOP Mod trainers will continue to be identified: Targeted for 4Q2017.
4. Maintain a seat on the Child Protection Accountability Commission Training Sub-Committee: Ongoing. One CPD Training Administrator is a member of the committee.

Goal: Enhance supervisory capacity to implement the practice model.

Strategy: Support DFS supervisors in learning and utilizing coaching practices and tools in the supervision of caseworker’s OM practice skills to create an environment where the practice model is being consistently applied.

Activities Update:

1. Obtain information, technical assistance, and support from other jurisdictions with an established coaching program: CPD worked with DFS administrators and the CRC to provide supervisors with “Coaching Refresher: Understanding the Coaching Continuum” training on April 14, 2016 (25 participants). CPD worked with CRC to obtain training manuals and documents to provide continued support to DFS going forward. “Coaching Across the Curriculum” will be offered yearly or more often, as needed.
2. Update the Transfer of Learning Manual to include coaching questions and tips for core training: In progress. This is a part of the aforementioned curriculum review process referenced.
3. Find coaching resources and or develop coaching training aids to share with supervisors: Ongoing. These resources are being obtained and stored until they can be moved into the DLC. CPD and DFS are also in the process of developing child welfare specific supervisor training curriculum that will include coaching as an element. Targeted for 4th quarter 2017, this is a CFSR PIP training system strategy.
4. Serve in a consultancy role to supervisors: Ongoing. Supervisors have access to trainers via email, site visits, or telephone. CPD trainers contact supervisors if there is a concern about a caseworker’s understanding of materials, ability to apply concepts, or a caseworker’s attitude and behavior in training.

Strategy: Assist DFS in the establishment of supervisor learning circles to support supervisors with their role of agents for practice change, to effectively supervise OM practices, enhance their overall supervisory skills and to support their own professional development.

Activities Update: Postponed until DFS leadership begins planning and initiates activity on this.

1. Obtain information, technical assistance and support from CRC and other jurisdictions with an established supervisor learning circles.
2. Train supervisors to facilitate learning circles.
3. Participate in supervisor learning circles as appropriate.
4. Serve in a consultancy role to supervisors.

Goal: Use data to make informed decisions regarding training effectiveness.

Strategy: Update the current training surveys to inquire about exposure and utilization of skills, new practices, and tools affiliated with Outcomes Matter.

Activities Update: In June 2016, CPD added online DFS New Employee Midpoint and System evaluations to the DLC. The Midpoint evaluation is administered at the end of the 2nd month of training and includes a follow-up Quality Check-In meeting between CPD and the new hires. The System evaluation is administered upon completion of the New Hire Curriculum (4th month). These evaluations allow CPD to collect data about the entire experience of new hire training, mentor engagement, supervisory support, and functional responsibilities. The Quality Check-In meeting reinforces the use of the SOP Three Questions (What are we worried about? What is working well? What needs to happen next?) to further discuss the new hires' experiences to date. By meeting at the midpoint of new hire training, CPD is able to address issues in a timely manner and to reverse any negative trends.

Strategy: Develop a survey for supervisors to collect both quantitative and qualitative data, with the focus of the inquiry on their experiences in training, their training needs as supervisors, their perception of the training system overall for their workers, what is working well and what they see as opportunities for improvement.

Activities Update: In June 2016, CPD added Quality Check-In meetings with the new employees after the 2nd month of training (at the midpoint of the 4 month new hire training), to review the Midpoint evaluations and get feedback on the entire training process. Supervisors have access to trainers via email, site visits, or telephone to discuss concerns about a worker's understanding of materials or ability to apply concepts. CPD provides the supervisors and administrators with updates on concerning trends and information gathered from the Midpoint and System evaluations, as well as the Quality Check-In meetings.

Strategy: Determine ways to utilize existing IT infrastructure to support evaluation and outcome measurement of training.

Activities Update: Planned for FY2017

1. Obtain information, technical assistance, and support in the area of quality assurance.
2. Utilization of the Delaware Learning Center and its capacity to monitor, manage, and assess training and to review outcomes.
3. Determine how to use existing training and survey software to its capacity.

Strategy: Share training data and metrics with DFS leadership, managers and supervisors to collaborate with them in making decisions on staff competencies to strengthen training outcomes to improve and promote continuous quality improvement.

Activities Update: CPD staff attends monthly Strategic Leadership meetings, quarterly All Management meetings, and, as available, quarterly Investigation and Treatment Workgroups to provide training data, gather information on training needs, and to collaborate with DFS leadership on training content.

Goal: Resource allocations

Strategy: Locate and secure dedicated training space based on projected need to accommodate varying number of registrants, including our partners in service provision.

Activities Update: Completed May 2015, CPD secured two dedicated training rooms at Cleve White that accommodate 18 and 22 participants and two dedicated training rooms at the Barratt Building that accommodate 18 and 36 participants.

Strategy: Upgrade the DLC to meet an expanded need to collect additional data.

Activities Updated: CPD participates in monthly DLC Governance Council and Administrator Forum meetings to stay abreast on enhancements available within the DLC to assess and compile training data.

Strategy: Effectively utilize existing technology to support online/web-based training, distance learning, and other innovative approaches to training delivery.

Activities Update: CPD has identified web-based training on SOP through UC-Davis and communicated this to Assistant Regional Administrators for review and distribution to supervisors and staff as appropriate. CPD has also identified child welfare specific supervisor training written by Institute for Human Services for Ohio to be modified for Delaware as a CFSR PIP strategy to provide child welfare specific supervisor training. CPD purchased 2 additional licenses for Articulate Storyline 2 software in 2016 for the purpose of developing online training. CPD continues to expand the use of alternatives to standard instructor lead classroom training using Articulate Storyline 2, Skype, and other resources.

1. Identify existing online training that support the training goals for DFS. CPD has identified web-based training on SOP through UC-Davis and communicated this to Assistant Regional Administrators for review and distribution to supervisors and staff as appropriate.
2. Using existing software to develop online training for DFS casework and supervisory staff: CPD purchased 2 additional licenses for Articulate Storyline 2 software in 2016 for developing online training. Determining the training suitable for online is part of the curriculum review process.
3. Seek additional resources and training via the OMB statewide training and Cornerstone as it relates to the Delaware Learning Center. Continued expansion of the internal capacity using Articulate Storyline 2.

XV. Statistical and Supporting Information

Information on Child Protective Service Workforce

The following information describes hiring, training and turnover for the child welfare workforce. For the Division of Family Services, three caseworker positions are in the progressive career ladder:

- Family Service Specialist (FSS)

PG 10

- Senior Family Service Specialist (SFSS) PG 11
- Master Family Service Specialist (MFSS) PG 13

The Family Service Specialist Career Ladder Series is traditionally recruited in the following manner. When the incumbent leaves the position, the vacant position is reset back down to the lowest level of the career ladder and the position is posted as open competitive on the Delaware Employment Link (DEL) website. After the posting closes all applications are reviewed through a quality assurance screen to ensure that the minimum qualifications are met. The qualifications for the Family Service Specialist position:

Applicants for Family Service Specialist (FSS) must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Knowledge of health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities in the areas such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention, rehabilitation
- Knowledge of interviewing to obtain facts, explore issues and identify courses of action
- Knowledge of case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Possession of a valid driver's license (not suspended, revoked or cancelled, or disqualified from driving).

For the purpose of retaining and attracting experienced investigation and treatment workers in the Division of Family Services, the Division may competitively recruit for Family Crisis Therapists (FCT), Pay Grade 15, internally in their investigation and treatment units. Current Division employees who successfully apply for these positions shall have their position reclassified to FCT. While this is a competitive process with no guarantee of promotion, the worker that applies is not competing against outside agencies or the general public. Applicants for FCT must have education, training and/or experience demonstrating competence in each of the following areas:

- Possession of a Bachelor's degree or higher in Behavioral or Social Science or related field
- Three years of experience in case management which includes assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's human service needs
- Three years of experience in crisis intervention
- Three years of experience in making recommendations as part of a client's service plan such as clinical treatment, counseling, or determining eligibility for health or human services/benefits
- Six months experience in health or human services work such as applying theories, principles, laws and practices of health or human services programs and services that assist with and improve life for individuals, families, or communities such as financial support, employment, unemployment, housing, health care, disease prevention, substance abuse, child protective services, physical/mental health treatment and prevention or

rehabilitation

- Three years of experience in interpreting laws, rules, regulations, standards, policies, and procedures
- Six months experience in narrative report writing
- Possession of a valid Driver's License (not suspended, revoked or cancelled, or disqualified from driving)

The division also has Casual Seasonal Family Support Specialist positions that are typically hired at the lowest level, however in certain areas (Report Line) the casual seasonal positions are Senior Family Support Specialist. All casual seasonal positions are paid on an hourly wage basis, as there is no guarantee of number of hours worked per pay cycle.

New staff receives 4 months of New Worker Training Cores and are evaluated for skill development of through 'Transfer of Learning Modules'. Each section includes instruction, activities working with a mentor, and assessment. The training also requires "shadowing" opportunities with experienced staff. New worker training is described in the training plan narrative and training chart sections.

Here are other characteristics of DFS' child welfare workforce:

- Race statistics for the workforce are: .07% Asian, 30% Black, and 69% White
- 2% Hispanic
- Salaries range from \$31,912 to \$54,827 across all positions
- Supervisor to worker ratio standards are 1:5
- Educational degrees (caseworker, supervisor, administration; N=295). A Bachelor's Degree in a Behavioral or Social Science field is required for these positions.

Caseload standards for fully functioning workers are:

- 11 investigation cases
- 18 treatment cases

Caseload reports as of May 31, 2017 state investigation caseloads average 20.5 and treatment caseloads average 19.1 per worker.

In-service training is selected annually by the senior managers after reviewing new federal requirements, state Code changes, data measures, new initiatives, and feedback from field staff and child welfare trainers. Training is also identified by the Department's leadership and the Center for Professional Development. Additionally, all staff receives Performance Plans that outline expectations and areas where performance is measured. New staff has their plans reviewed routinely. More experienced staff's plans are reviewed less formally but issues and concerns are discussed as a part of their case conferences with their supervisors. Every employee receives a Performance Review no less than annually. That review includes a discussion of areas where skill enhancement is needed and strategies to meet that need. Each employee also receives a Professional Development Plan for planning educational and skill advancement.

Staff turnover rates for CY2016 for DFS case managers and supervisors positions are: 1 voluntary demotion, 26 competitive promotions and 33 career ladder promotions, 4 retirements, 2 dismissals, 21 voluntary resignations and 17 transfers to another state position. The turnover rate for FY2016 was 11.5%.

Juvenile Justice Transfers

Eighty-five youth in cases open with DFS were transferred into the custody of the Division of Youth Rehabilitative Services between April 1, 2016 and March 31, 2017. These youth were in investigation and treatment caseloads when their commitment to the juvenile justice system's levels 3, 4 and 5 began.

Sources of Data on Child Maltreatment Deaths

Child maltreatment fatalities reported to NCANDS are derived from substantiated investigations resulting in findings of death neglect or death abuse.

The state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS because these agencies do not interface with Delaware's SACWIS (FACTS) nor determine deaths as a result of abuse or neglect in the same manner as the Division. CDNDSC is the state entity responsible for compiling child maltreatment fatality data from all the sources listed above. One specific statewide Child Abuse and Neglect (CAN) Panel meets monthly to review child maltreatment fatalities. Legislation established Delaware's Child Death Review Commission process on July 19, 1995. The statute was amended in 2002 and again in 2004 and its name was changed to the Child Death, Near Death, and Stillbirth Commission. CDNDSC now has the authority to create up to three regional child death review panels and three regional Fetal and Infant Mortality Review (FIMR) teams to conduct reviews of all child deaths, near deaths due to abuse/neglect and stillbirths (after 20 weeks gestation).

Between September 2015 and April 2016, the CAN Panel conducted retrospective reviews on 51 cases - 18 deaths and 33 near deaths. The result was 307 findings across six system areas. As a result of these findings, the CAN Steering Committee made several system-wide recommendations to the Governor, which are available at the following link:

http://courts.delaware.gov/childadvocate/cpac/cpac_reports.aspx.

All CAPTA reports are available on the CDNDSC website. The current CAPTA reports meet the required public disclosure requirements including the services provided information.

Education and Training Vouchers (Attachment E)

[See Attachment: Annual Reporting of Education and Training Vouchers Awarded (Fed. Attachment E)]

Inter-Country Adoptions

DSCYF /DFS does not have any data for the number of children adopted from other countries. As of May 8, 2017, there is no report posted on the state government website for 2016 data. (<http://travel.state.gov/content/adoptionsabroad/en/about-us/statistics.html>)

Monthly Caseworker Visit Data

DFS will submit monthly caseworker visit data for FFY2017 per Section 424(f) of the Social Security Act by December 15, 2017.

XVI. Financial Information

Payment Limitations – Title IV-B, Subpart 1

The state affirms less than 10% of title IV-B, subpart 1 federal funds are expended for administrative costs.

Delaware had no expenditures of FFY2005 Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments and child day care. Non-federal matching funds for FFY2005 Title IV-B, subpart 1, spent on foster care maintenance payments total zero. For FFY2017, Delaware will not spend Title IV-B, subpart 1 funds for foster care maintenance payments, adoption assistance payments or child day care. Non-federal matching funds for FFY2017 are not expended for foster care maintenance payments, adoption assistance payments or child day care.

Payment Limitations – Title IV-B, Subpart 2

For FFY2018, at least 20% of the allocation will be spent within the four categories of PSSF as follows:

- Family Preservation 25%
- Family Support 41%
- Intensive Reunification 30%
- Adoption 27%
- Administration 9%

For FFY2015, expenditures for matching Title IV-B, subpart 2 funds totaled \$ 265,336 state funding; this exceeds the 1992 base year amount of \$155,126. The state affirms less than 10% of federal funds under title IV-B, subpart 2 are expended for administrative costs.

FY 2018 Budget Request – CFS-101, Parts I and II

(See Attachment: CFS-101 Parts I & CFS 101 Part II)

FY 2015 Title IV-B Expenditure Report – CFS-101, Part III

(See Attachment: CFS-101 Part III)

Certifications and Assurances

Governor's Assurance Statement for CARA provisions are pending passage and implementation of HB 140 Aiden's Law. Delaware will submit the assurance or coordinate a plan with Children's Bureau Regional Office III.

XVII. Grant Applications

**CHILD ABUSE PREVENTION AND TREATMENT ACT
FFY 2018 STATE BUDGET PLAN**

Personnel	Salary	OECs	Health
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	\$21,579	6,795	0
0.5 FTE-Institutional Abuse Investigator: Investigates reports of Institutional Abuse to determine validity and develops a corrective plan to reduce the chances of further abuse; coordinates with police as required.	<u>21,626</u> \$ 43,205	<u>6,810</u> \$13,605	<u>0</u> \$ 0
Total Personnel Costs			\$56,810
Contractual			
Contract with the A. I. du Pont Hospital for Children for expedited medical examination services by a physician and the services of an A.I. social worker to manage DFS cases			\$43,091
Travel To attend training or conferences at a regional or national level			\$8,764
Supply			\$2,000
Indirect Costs			\$1,124
Audit @ .003	335		
State Personnel Office Charges	577		
SWCAP @ 2.99%	212		
TOTAL			\$111,789

**TITLE IV-B SUBPART 1 - STEPHANIE TUBBS JONES CHILD WELFARE SERVICES
APPLICATION FOR FFY2018**

FFY 2018 Budget Request for Grant: Stephanie Tubbs Jones Child Welfare Services

Salary and OEC		161,651
Office of Children's Services		
1.0 FTE - Permanency Coordinator (PG 11)	53,239	
Office of Child Care Licensing positions		
1.0 FTE - Child Care Licensing Supervisor (PG15)	60,751	
1.0 FTE - Child Care Licensing Specialist (PG11)	47,661	
Contractual		889,208
Office of Children's Services will contract for family Support services as part of its child protective Service continuum	837,468	
Office of Child Care Licensing 1.0 FTE – Administrative Assistant	51,740	
Supply		6,000
Indirect		4,702
Audit	2,389	
State Personnel Charges	1,731	
SWICAP	582	
Total Federal Funds		796,171
State Matching Funds		265,390
TOTAL STATE AND FEDERAL PROGRAM FUNDING		1,061,561

Proposed Activity:

- Salary and OEC for positions in the Office of Child Care Licensing (OCCL) to license, monitor and support day care providers:
1.0 FTE - Child Care Licensing Supervisor - supervising 7 licensing specialists with a total caseload of approximately 1,500 licensed facilities
1.0 FTE - Child Care Licensing Specialist - responsible for a caseload of approximately 250 licensed childcare providers.
- Salary and OEC for position in the Office of Children's Services (OCS) to promote and support achievement of permanency for children:
1.0 FTE – Permanency Coordinator - works directly with the adoption program manager
- 1.0 FTE – Administrative Assistant – performs administrative tasks supporting the functioning of the Office of Child Care Licensing. This non-state position is listed as a contractual expenditure on the budget summary.

Amount of Federal Funding: \$213,391**Characteristics of Individuals to Be Served:**

- OCCL - Family day care homes providing care for 7-12 children by at least 2 caregivers in a residential or nonresidential setting and childcare centers providing care to 13 or more children for more than 4 hours per day.
- OCS - Children in the care and custody of the Division that cannot return to their own families and for whom permanency is needed.

Geographical Area Served:

- Statewide

Objectives and Results Expected:**OCCL**

- Annual licensure and license renewal based on completed compliance reviews, complaint investigation reports, monitoring reports for required corrective action, negative enforcement reports, as necessary, in Kent and Sussex Counties.
- Maintain a smooth running licensing function in New Castle County with licensing services delivered in a timely, efficient and effective manner.
- Efficient and timely response to the public, inquirers and applicants for licensing and licensees.

OCS

- Record and distribute Permanency Planning Committee minutes statewide.
- Identify, review and recommend permanency goals for children in care for 9 months or longer as member of Permanency Planning Committees statewide.
- Monitor key events to achieve timely permanency goals.

Proposed Activity:

OCS will contract with community-based service providers for parent aide and family support services.

Amount of Federal Funding: \$582,780

Characteristics of Individuals to Be Served:

- At risk children and families active with the Office of Children Services.

Geographical Area Served:

- Statewide.

Objectives and Results Expected:

- Provide contracted family intervention and family support services to at risk children and families receiving services from the Office of Children's Services.
- Enhance family capacity to meet their own needs.

**TITLE IV-B SUBPART 2 - PROMOTING SAFE AND STABLE FAMILIES
APPLICATION FOR FFY2018**

Salary and OEC

OCS Staff Members	123,322
8 Staff Members dedicating at least 25% of their time toward time-limited reunification services to families with children in placement	

Contractual	836,303
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<i>Division of Prevention and Behavioral Health Services</i>	515,636 Federal
Contracts with six sites throughout the state to deliver family support and family preservation, fatherhood, healthy adult initiative, coalition building supports and services and High Fidelity Wraparound Services to families active with DFS and DPBHS	320,667 State Match

<i>Division of Family Services Office of Children's Services</i>	317,355
Contract to provide reunification support services, statewide	107,355

Contract to provide a continuum of Adoption Promotion/Support Services, statewide	210,000
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Administration	5,120
Program administration, supplies and materials to Support communication, education, training and program management	

Total Indirect	4,428
Audit	1,930 Federal 965 State Match
State Personnel Charges	1,154
SWICAP	379

TOTAL	
Federal Funds	964,896
State Matching Funds	321,632

<u>TOTAL FEDERAL AND STATE PROGRAM FUNDING</u>	<u>1,286,528</u>
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Family Preservation and Family Support

Proposed Activity: Family Consultation and Support Services

The PSSF Family Support and Family Preservation components of Title IV B subpart 2 are combined to provide a continuum of service for fragile families who exhibit family stressors that can bring families to the attention of and/or investigated by child protective services for safety, stability or permanency of the child and their well-being. The PSSF community-based Family Consultation and Support Service is the combination of family support and family preservation using a family support approach and family centered practices. The PSSF consultation and support case management model incorporates evidence-based practices, assessment and planning tools directed towards the outcomes of family empowerment and family stabilization by addressing the core stressors leading to child maltreatment.

In the continuum of Prevention services provided through the Division of Prevention and Behavioral Health Services, services are focused on three domains: the individual, the family and the community. The PSSF Family Consultation and Support program is provided throughout the state through five sites supported by three community organizations with a common interest in prevention of risk factors threatening the stability of a family. The geographical service areas have been identified where there is a greater risk of families more prone to entering or re-entering Departmental services addressing child maltreatment. The program services continues to target non-residential fathers as a protective factor in reducing stressors incurred by single mothers and increasing child(ren)'s resiliency through positive father involvement.

The growing need for this infused service, resources and supports continue to be geared towards helping fathers and mothers navigate through DE's child support and Family Court systems for visitation and custody when child safety is not an issue, and to build effective co-parenting skills in support of the restoration of healthy parent-child and child-family relationships. A draft guide entitled "A Father's Guide to Understanding Custody and Child Support", is being revised to support a parent in becoming more knowledgeable about DE's laws regarding child support, custody and visitation, case management services, mediation support, along with PSSF Family Consultation and Support program and wrap around services. Both fathers and mother would continue to gain knowledge and exercise skills built in support of involved fathers. The draft guide is being revised to include changes in the program with the Division of Child Support Enforcement's Fatherhood Program and to include information regarding the Separating and Divorcing Parenting Education Course requirements. The guide will require cross-departmental approval of content in order to be made available in paper copy and accessible through the DFFC website.

Consultation and Support services continue to target participants who are the primary caretakers of children, non-residential fathers and youth with children residing in DE.

The principle foundation remains the same with all of the initiatives under Family Preservation and Family Support in the prevention of child maltreatment. Individuals, families and communities are empowered to address concerns and behaviors by continuing to build and exercise skills to take the lead in determining the course of action to address their families' and community needs, reduce stress, and build resiliency for the well-being of the child.

Continued efforts are being made to obtain data for the PSSF Family Consultation and Support services. The Family and Children Tracking System (FACTS) is being converted to a new system titled “For Our Children’s Ultimate Success” (FOCUS) to enhance the data housed by the department. (See Section II, Update on Promoting Safe and Stable Family Program Service Components of the PSSF 2018 APSR system supports: Focus system report.) PSSF Consultation and Support service implemented excel spreadsheets to house sampling cases of data that provided the program outcomes of the program’s service objectives. (See Section II. Outcome measures, accomplishments, barriers and challenges- Service Data Reporting of the PSSF 2018 APSR.) PSSF Consultation and Support was never a part of FACTS, but with the development of a completely new data tracking system, it will support the programs’ ability to obtain comprehensive service objective data outcomes to determine impact.

Objectives:

1. Continue to provide the PSSF Family Consultation and Support prevention case planning services which address the four family stressors (Parental Characteristics, Child Behavior, Coping Abilities, Knowledge of and Access to Resources), all which are major factors having the likelihood of contributing to Child Maltreatment.
2. Engage and retain fathers in PSSF Consultation and Support Services and strengthen the Infrastructure of the Fatherhood and Family Coalition.
3. Support resources that assist Parents to navigate through Child Support and Family Court for custody and visitation.
4. Continue to revise current service measurement tools to support qualitative and quantitative service outcome reporting regarding the fathers, children, families and communities’ engagement and satisfaction of the coalition methods employed in the delivery of the strategic priorities. Continue to pilot and revise measurements tools assessing father’s development and enhanced parenting and co-parenting skills. Develop measurement tools to support self-reporting of father “active” engagement and or re-engagement with children and families.
5. DFFC will continue to work with the Division of Health and Social Services Division of Child Support Services (CSS) to increase collaborative efforts of PSSF consultation services to the participants of the CSS Fatherhood Program. DFFC will continues its effort to expand collaborative support to the CSS Fatherhood Program through workforce development, providing evidence-based fatherhood trainings to the program staff.
6. Continue to train PSSF Consultants to more effectively engage and provide supports for fathers.
7. Expand partners to collaborate to provide services pertaining to fatherhood, co-parenting and adolescent and parent communication.
8. Develop a web-based data-tracking module capturing data of sample cases for review and collecting specific data determining the increase of knowledge and decrease in life stressors, skill building in planning and the self-confidence level of PSSF participants.
9. Increase family stability by influencing the behavior and attitude of families and the community through education and training using a universal and selected prevention approach.
10. Provide additional staff to support training, community initiatives and assess adherence to practice of the family tools.

Results Expected:

1. **PSSF Engagement:** Services are accessible to the community where providers may meet with the program participants at either their home or a location conducive to the program process. Per contract year, each site shall engage at least 70 families for the Family Consultation and Support Services.
2. **PSSF Retention:** Per contract year, each site shall retain at least 50 families for the Family Consultation and Support Services. Retention is defined as a participant who completes all of the PSSF pre/post consultation and support family forms, reaches at least two goals and completes the program participant satisfaction survey.
3. **PSSF Support Only Referrals:**
 - Per contract year, each site shall serve at least 300 individuals to appropriate services and resources. Individuals are defined as all family members documented on the Family Information Registration Form. This count includes:
 - a. A participant who does not complete a post assessment but completes their goals.
 - b. A participant who does not complete two goals.
 - c. A participant who wants to receive resource referral services only.

PSSF Measures:

1. Reduction of stress is measured Pre/Post PSSF Family Forms and Participant Satisfaction Survey results demonstrating improvement in the level of functioning. This measures the reduction of stress, the increase of adequacy level of support, confidence to address their concerns, goal attainment and connection of appropriate services.
2. Number of families, children and adults receiving services.
3. Number connecting to services and supports.
4. County Leadership Coalition's reporting of events, meetings held, partnerships and educational experiences for the community.

Amount of Federal Funding: \$378,396

Characteristics of Individuals to be Served:

Voluntary services offered to fragile families with children 18 and younger (caretakers, homeless parents, non-residential fathers, foster parents and youth who are parents and reside in DE). Services are offered statewide to families who have never had any involvement or who are currently involved, or no longer involved with the Division of Family Services.

Geographical Area Served:

- New Castle County, Kent County and Sussex County, Delaware.

Promoting Safe and Stable Families Fatherhood Initiative, Delaware Fatherhood and Family Coalition

Proposed Activity: Family Support - Coalition Building: Fatherhood and Healthy Adult Relationship Initiative

The DE Fatherhood and Family Coalition (DFFC) builds upon community and organizational partnerships who have the same commitment and interest in assisting fathers who are facing challenges of being involved in the lives of their children. The DFFC was designed to empower the community to become influential in changing attitudes and behaviors through the Promoting

Safe and Stable Families Consultation and Support service and statewide coalition using a universal and selected approach. The strength and commitment of the DFFC coalition that consists of social/service/faith-based businesses, organizations and parents, who mostly volunteer their time, envisions healthy and resilient DE children whose fathers are involved and parents effectively work together. The DFFC's mission operates as a united change agent, who are committed to building a sustainable community coalition that champions father involvement and supports healthy adult relationships, specifically effective co-parenting, which in turn provides positive outcomes for DE children and communities. DFFC is an advocate for the well-being of DE's children and promotes fatherhood involvement and effective co-parenting as a protective factor, strengthening the child's resiliency. The Coalition's structure has grown to include three DFFC sub-County Leadership Coalitions (CLC), a Steering Committee and a Guiding Committee. The CLC operates locally in their geographical location with localized members and leadership positions. The Steering Committee consists of the Leaders of DFFC in addition to community leaders and organizations who have joined to strengthen the coalition. The Guiding Committee is the approval body, the developer of educational material and the communication core of the DFFC.

Family Support Objectives:

1. Support the DE Fatherhood and Family Coalition by strengthening its advocacy infrastructure to support its pilot project of providing fatherhood services statewide.
2. Increase community awareness of the importance of and commitment to father involvement in the lives of their children as well as family stability through education and training, using social media tools to educate, inform and engage parents on the importance of Fatherhood.
3. Stimulate a broad-based positive social movement to combat father absence and promote fatherhood involvement through obtaining new members and activating volunteerism.
4. Recruit fathers to participate in PSSF services and activities with the support of the programs pilot position (Project Coordinator – Fatherhood trainer).
5. Provide Fatherhood and Healthy Adult Relationship educational opportunities and technical assistance to increase the capacity of the community to support fatherhood involvement.
6. Expand partners to collaborate around services and advocate for fathers and Healthy Adult Relationship pertaining to co-parenting.

Results Expected:

1. Create new membership training and continue revisions of ambassadorship training to expand the efforts to establish a volunteer father mentorship network.
2. Revise the system to engage business and training for the community dialogue facilitators.
3. Build leadership skills for the County Leadership Committee officers.
4. Add bi-monthly research-based educational tips, service, community and navigational information to the DFFC website to assist parents.
5. Promote and provide the opportunity for the public to attend trainings such as the annual summit, community dialogue sessions and fatherhood trainings developed based on the requesting community and or faith-based organization's needs and/or interest and quarterly "24/7 Dad's" curriculum workshops.
6. Continue efforts to pilot Fatherhood webinars' on a quarterly basis.
7. Continue to gauge outcomes by using the DFFC priority chart measuring success reviewed bi-weekly to align tasks with objectives and priorities.

8. Assist non-custodial parents to navigate through the court system and child support services.
9. Explore other supportive services for fathers and families.
10. Re-implement the annual statewide father and family summit.

Amount of Federal Funding: \$102,240

Characteristics of Individuals to be Served:

The DE fatherhood and family statewide coalition structure consists of at-large members, leaders from the County Leadership Coalitions, partners, and volunteers statewide committed to fatherhood. Recipients of the supports and services are all Delaware residents.

Geographical Area Served:

New Castle County, Kent County and Sussex County Delaware

Proposed Activity: High Fidelity Wraparound Services

The Division of Prevention and Behavioral Health Services (DPBHS) clinical services proposes to use a portion of Promoting Safe and Stable Families program family support funds--previously allocated to the PSSF Fatherhood Initiative, Delaware Fatherhood and Family Coalition (DFFC) activities--to support the continuation of its High Fidelity Wraparound Services for families who are active with both the DFS and DPBHS clinical services, and where children are at risk of placement outside the home. These services will be provided by Wraparound Delaware, LLC, in New Castle County, and Community Supervision Resource Connection in Kent and Sussex Counties, two providers currently under contract with the DPBHS providing this service to children/youth and families in active need of community-based services and supports to promote and maintain stability in the home, school or community. The High Fidelity Wraparound process has four stages: 1) Engagement, 2) Plan Development, 3) Implementation, and 4) Transition Planning, and is structured around ten guiding principles:

- Family Voice and Choice
- Team Based
- Natural Supports
- Collaboration
- Community Based
- Cultural/Linguistic Competence
- Individualized
- Strengths Based
- Persistence
- Outcome Based

Currently the average length of stay in High Fidelity Wraparound Services is approximately nine months. *(Estimated number served: 6 children/youth and their families per year)*

Objectives:

High Fidelity Wraparound is a child/youth-driven and family-driven team process, based on System of Care principles, and the wraparound principles above. The purpose of the team is to address key service and support needs of the family, then formulate possible solutions via a Plan of Care with input from the child/youth and family. The wraparound team works to identify the family's strengths, develop and implement a plan of care and work consistently toward the

family's achievement of their vision and goals. The Plan of Care will 1) identify specific goals/roles for family members participating in child's therapy services, 2) Will include family goals that are directly connected to the child's well-being (e.g., need for stable housing, food), and 3) will promote utilization of community-based, natural supports.

Results Expected:

Specific outcomes expected for these children and families include: decreased symptomology, improved functioning, reduced caregiver strain, and stronger connections with natural and community supports.

Amount of Federal Funding: \$35,000

Characteristics of Individuals to be served:

Voluntary services offered statewide to fragile families with children under eighteen who are currently active with both the Division of Family Services and the Division of Prevention and Behavioral Health Services, and who are deemed to be at risk of a child/youth being placed outside the home.

Geographical Area Served:

New Castle County, Kent County and Sussex County Delaware

Proposed Activity: Time-Limited Reunification

Serve families statewide who have children placed in foster care due to abuse, neglect and/or dependency. These families have been identified as strong candidates to reunify within 6 months. Office of Children's Services caseworkers serve these families. Families may also receive contracted services to expedite reunification through family support or parent aide services.

Amount of Federal Funding: \$123,322

Characteristics of Individuals to Be Served:

1. Families with children in foster care due to abuse, neglect or dependency with the permanency goal of reunification.

Geographical Area Served:

2. Statewide

Objectives and Results Expected:

1. Timely reunification for foster children and their families.
2. Identify risk factors and needs that resulted in foster care placement.
3. Provide support services as identified in case planning to reduce risk and promote reunification.

Proposed Activity: Adoption Promotion and Support

Serve children seeking permanent families statewide. Promote recruitment, approval and support for adoptive resources in Delaware and the nation.

Amount of Federal Funding: \$210,000

Characteristics of Individuals to Be Served:

1. Children seeking permanent families and in the custody and care of the state.
2. Adoptive resource families are recruited, approved and supported by this service.

Geographical Area Served:

- Statewide and national

Objectives and Results Expected:

1. Build capacity for adoptive resources.
2. Timely adoption of foster children needing permanent homes.
3. Support adoptive placements in Delaware and nation to ensure permanency for children.

Proposed Activity: Reunification Support Services

Serve children with goal of reunification with their families through family intervention service contracts.

Amount of Federal Funding: \$107,355

Characteristics of Individuals to Be Served:

Children seeking in the custody and care of the state with goal of reunification

Geographical Area Served:

Statewide

Objectives and Results Expected:

Timely reunification with family and relatives

**TITLE IV-B SUBPART 2 – MONTHLY CASEWORKER VISITS
APPLICATION FOR FFY2018
SPENDING PLAN**

Contractual	80,553
Caseworker contacts with foster children (Monthly Caseworker Visits - MCV)	
Total Indirect	
Audit	243
TOTAL	
Federal Funds	60,779
State Matching Funds	20,260
<u>TOTAL FEDERAL AND STATE PROGRAM FUNDING</u>	<u>81,039</u>

Proposed Activity: Monthly Caseworker Visits

For this budget application period, Delaware is requesting \$60,779 federal IV-B, subpart 2 funds supporting caseworker visits. The expected period of expenditure will be state fiscal year 2018; federal funds will be liquidated by December 31, 2019 or as declared by the Children's Bureau. Caseworker visit funds are applied to contracted foster care services using a methodology targeting caseworker visit costs.

This proposed activity supports DFS' policy on foster child contacts which states children are to be seen monthly and a majority of the contacts be in the child's residence. The policy website is: <http://kids.delaware.gov/policies/dfs/fs-user-manual.pdf> Placement Chapter #4, Section G.

Results Expected:

1. Absence of maltreatment in foster care settings.
2. Timely exits to reunification or other permanent placements.
3. Compliance with state and federal standards for monthly caseworker contacts.

Amount of Federal Funding: \$60,779

Characteristics of Individuals to be Served:

1. Foster children ages 0-18.

Geographical Area Served:

Statewide

Objectives and Results Expected:

Timely visits with foster children to assess safety facilitate normalcy and achieve timely permanency

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY 2018
SPENDING PLAN**

FFY 2018 Budget Request for Grant: Chafee Foster Care Independent Living Program

Salary and OEC			128,776
1.0 FTE Program Manager: (PG 18)	86,906		
Oversees state wide program operations			
1.0 FTE – Administrative Specialist I (PG 7)	41,870		
Provides administrative support to program manager; manages the Independent Living Program Data Base			
Contractual			2,446,045
Six agencies provide independent living preparation, employment and support services to youth and young adults between 16 to 21 years of age	1,224,504		
Five agencies and six HOST homes will provide room and board for approx. 20 former foster youth between 18 and 21 years of age	208,349		
Assist youth in care with participation in age/developmentally appropriate activities, assist youth exiting care with stipends, rent and utilities deposits and emergencies during transitioning (not room and board)	991,827		
Annual youth conference, approximately 100 youth will participate; 4 half-day conferences (county), 20-40 youth will participate	8,000		
Supplies for monthly council meetings, leadership training and conferences for Youth Advisory Council members	3,365		
Training for contract providers, internal staff and community partners relative to independent living related best practice programming.	10,000		
Travel			2,014
Program Manager, youth advisors, and 3-4 youth will attend national and regional conferences and meetings			
Program Supplies			500
Indirect			3,250
Audit	1,500		
SWICAP	596		
SPO Charges	1,154		
TOTAL Federal Funds	500,000		
State Matching Funds	125,000		
Additional State Funds	1,995,585		
TOTAL STATE AND FEDERAL FUNDING			2,580,585

**CHAFEE FOSTER CARE INDEPENDENT LIVING PROGRAM
APPLICATION FOR FFY2018
SPENDING PLAN – DETAIL**

Proposed Activity:

- 1.0 FTE Program Manager (PG 18) will oversee state wide program operations.
- 1.0 FTE Administrative Specialist I (PG 6) will provide support services to the Program Manager and assist in data management.

Federal funds resource 2 full time positions at the state level to oversee independent living programming, both internal and external to the agency. The Department will contract with public and private agencies to provide independent living preparation and transitional living services to youth and young adults statewide. Contracting agencies will be required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care. The Department will operate under the following guidelines:

- Independent living services will be provided as early as possible.
- The provision of services will be an integrated team approach.
- Services will provide "real life" experiences.
- Youth will participate in the planning process.
- Programs and services will be flexible and promote youth development.

The Department will provide independent living services to assist youth, ages 14 and older that are in foster care, and young adults who exited care upon their 18th birthday but have not reached age 21. Youth who leave care after age 16 for adoption or kinship/permanent guardianship are eligible for IL services. These services are available to American Indian children. The contracting agencies will focus their efforts on older participants (16-21), and the Department case managers will focus their attention on the younger participants (14-15). The Department case managers will ultimately be responsible for ensuring all youth in foster care receive independent living preparation services. The ILP Manager and Foster Care Program Manager will coordinate training for managers, case managers, caregivers, adoptive parents, and foster parents. The trainings focus on understanding and addressing issues confronting adolescents and how to help participants gain basic daily living skills. Meaningful training to foster parents serving adolescents has been continued. The Institute for Human Services, a best practice training program provides training to foster parents who care for children including teens. Also, youth and young adults will have the opportunity to attend age appropriate training that will help prepare them for their transition to adulthood.

The Department will host statewide youth conferences and leadership development workshops. Members from YAC will participate in National Youth Leadership Conferences. Foster parents, case managers and the Division of Family Services (DFS) Advisory & Advocacy Council Members will also be encouraged to attend IL conferences.

DFS and the Child Placement Review Board continued their partnership to ensure the distribution of the federal funds the state receives for the Education and Training Vouchers (ETV) are coordinated with the distribution of the state established Ivyane D.F. Davis Memorial Scholarship which serves as the match. The CPRB's volunteer scholarship committee and professional staff work closely with the representatives from the independent living contracted

agencies to achieve a fair distribution of the available funds, while allowing for individualized decisions tailored to best support the needs of the individual student.

Encouraging youth to pursue post-secondary educational endeavors has continued as a focus. The promotion and necessity of continued education is a message rendered to all youth. The CPRB has developed mechanisms to optimize the supports rendered through ETV for each youth. Whenever possible ETV funding is not supplied directly to college or training programs. As such, these funds are not calculated against the student's financial need and allows for maximum financial aid assistance. Furthermore, this methodology affords the recipient with the availability of funds that are less restricted and can be used for primary necessities to assist in overcoming barriers which may otherwise impede their academic success.

Delaware has had the Davis Scholarship since 1989, but over the years, the infusion of the ETV program has enabled the scholarship funds to proliferate; accordingly the number of students served by the Davis Scholarship and ETV program has increased as well. Despite an overall increase in recipients, award amounts have been reduced due to decreased funding from the federal allocation. The loss was supplemented through additional state funds totaling \$25k. Because of Delaware's size, award decisions can be, and often are, tailor made to address the unique needs and living situations of the students. Efforts have been made to remove as many barriers as possible to ensure everyone who is eligible for these funds has access to them. These efforts include streamlining the application forms, on-line access to applications, one on one assistance with completion, and working with all applicants (even the struggling student) to achieve at least a certification. It has been found that such certifications help youth to earn a wage consistent with the costs of living and also help youth feel a sense of accomplishment which can often lead to a decision to further their education.

CPRB staff continually educates the community regarding the scholarship and ETV resources. Additionally, CPRB maintains an ongoing commitment to educating youth at the Annual Youth Conference regarding the program and requirements. They will also continue their participation in the annual event entitled Destined For Greatness. Participation in this event helps to inform youth that have achieved various accomplishments including high school completion. This will help such youth understand the resources available to achieve their educational/vocational goals. Promotion of ETV also occurs as a part of CPRB review hearings for those youth that will soon exit foster care.

The effort to increase the post-secondary educational opportunities for youth has continued through the agreement with Delaware State University which was implemented during the 2010-2011 school year. Three youth were supported through the partnership between DFS and Delaware State University (DSU) this school year. Supports include financial assistance, year round housing supports, and university life guidance and supports. Through the MOU signed on February 14, 2011 this opportunity is afforded to 2 (two) youth a year until a maximum of eight youth are in the program. A key partner in this accomplishment is DSHA. Through the use of a state funded housing voucher three youth were able to receive rental subsidy vouchers to cover the dormitory housing costs. One youth has been identified to participate during the 2017-2018 academic year. Efforts to identify a second youth continue. Of significant notation is the fact that this program has produced three graduates since the program's inception. Efforts to develop similar partnerships with the remaining colleges and universities within the state continue. Efforts to develop similar programming at the University of Delaware have occurred with slow results. Funding from the stipend program remains available to youth and has assisted in costs

related to post-secondary expenses. Youth with student loans are also given the opportunity to use a portion of the stipend to begin repayment of their loan in order to reduce future student loan debt. Student loan repayment allowable amounts have been increased to as much as \$500 per month.

Additional accomplishments include the creation of the Inspire Scholarship. This scholarship provides tuition assistance to Delaware high school graduates to promote attendance at Delaware State University. Provisions were included in this legislation to afford youth who have aged out of foster care with additional time to utilize this scholarship given the knowledge of the barriers often faced in pursuing post-secondary educational goals immediately following high school completion. This scholarship opportunity is in addition to the SEED (Student Excellence Equals Degree) scholarship which accomplishes the same goals at the Delaware Technical and Community College sites throughout the state and the University of Delaware. The SEED scholarship also allows youth that have aged out of foster care additional time to pursue their college aspirations.

The key to increasing the number of ETV participants is contingent upon an increase in the number of youth that complete their high school education. In an effort to achieve this goal, legislation was passed in August 2014 and allows a graduation exception in which a student that was in DSCYF custody who transfers into a district or charter school shall be permitted to graduate based upon the successful completion of the Department of Education's graduation requirements as defined in the Delaware Code. It is anticipated that this will help improve graduation rates given that youth will not have to be held to the standards of a new district based upon circumstances of changing placement.

Service Guidelines by Age:

Services Available for Youth Age 14-15(estimated number to be served, 90)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Informal participation in structured ILP activities, social skills groups, or activities
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Support in maintaining family contacts as appropriate

Services Available for Youth Age 16-17(estimated number to be served, 100)

- Life Skills Assessment
- Plan to complete educational goals
- Individualized Plan for Independence
- Coordinated services for youth with foster parent(s) or caregivers
- Caregiver Support-foster parent(s) or caregivers will receive training and support for delivering home based skill building
- Active participation in structured ILP activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)

- Assistance in developing/gaining work experience
- Educational supports to assist with high school/GED completion
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Assistance in obtaining credit reports/credit counseling
- Comprehensive Transition Plan

Services Available for Young Adults Age 18-20(estimated number to be served, 275)

- Life Skills Assessment
- Referrals and coordinated services for young adults with other helping agencies, i.e. counseling services, career development and job readiness
- Support and guidance in job search and job maintenance
- Active participation in structured ILP activities, social skills groups, workshops and conferences
- Education on the dangers and consequences of drugs, alcohol, and illegal substance use
- Education on the dangers of high risk behaviors (i.e. unsafe sex, illegal occupations)
- Assistance in obtaining credit reports/credit counseling
- Assistance in securing safe and affordable housing and living arrangements
- Educational supports to assist with high school/GED completion
- Education and Training Voucher Program and other scholarship programs
- Assistance in applying for post-secondary and vocational training programs
- Support in maintaining family contacts as appropriate
- Transitional housing and other supportive housing options
- Comprehensive Transition Plan
- Financial Assistance through monthly needs based stipends

Youth and young adults will be involved in an individualized life skills assessment to ascertain their strengths, skills, connections to community and supportive persons, and to identify their needs and readiness for services. The ILP service providers and case managers will use the Ansell-Casey Life Skills Assessment tool for youth 16-21. An age appropriate assessment tool has been developed for youth ages 14-21. DYOI developed a life skills benchmarks guide that will provide guidance and tracking regarding the appropriate developmental skills at each age. The tool provides a reference for age appropriate life skill development and focus areas. Approval of the finalized tool had been previously delayed and the revision of the tool has continued throughout this year. It is hoped that the benchmark guide will be implemented in early 2018. Once initiated, the outcomes will be incorporated into the new Child and Family Services Guide which replaces the Plan for Child in Care case plan. Additionally, the Strengths and Needs Assessment will be utilized to develop the initial transition plan for youth ages 14-15.

Each participant will receive an individualized “Plan for Independence”. The planning team will include the ILP service provider, case manager, and youth. Additional team members may include the caregiver, foster parent(s), biological parents, if appropriate, and other significant individuals.

Youth in out-of-home care and those who aged out of the care of the Department and have not reached age 21 will receive various forms of life skills training. The objective of all life skills training will be tailored to assist the participants’ transition to adulthood by providing education and experiential opportunities in the area of daily living. The IL providers will offer training that

focuses on both tangible skills, such as, housing, employment, money management, home management, self-care and intangible skills, such as, decision-making, self-esteem, interpersonal relations, and communication skills. The IL case managers (contracted) will be actively involved in education planning and career/job development. The Department will partner with other agencies and programs, such as, State and local Housing Authorities, the Department of Labor, Workforce Investment Board, Department of Education, Vocational Rehabilitation Programs, Career Exploration Programs and private agencies to assist the contract providers in this effort.

Previously, ILP Manager coordinated with the State Office of Volunteerism, Delaware Mentoring Council, Connecting Generations, faith-based organizations and other community agencies to develop a network of community volunteers and “mentors” that serve as supportive individuals in the youth’s transition to adulthood and community life. The Delaware CHAMP (Creating Hopeful Adults Mentoring Program) Network has been maintained by DSCYF, contracted IL staff and partners. Although there were intentions to develop a sustained mentoring program through VISTA members who helped with the implementation of the program, this did not come to fruition. DSCYF has maintained its financial support and the program continues to exist, yet there are currently no active mentors. The inability to secure additional monetary resources has impeded the ability to fully carry out the mentoring program in its intended format, yet efforts continue in order to sustain it in the limited capacity. Youth are also connected with mentoring programs within the community such as Big Brothers Big Sisters. Big Brothers Big Sisters also implemented a new program to provide mentors to youth identifying as LGBTQ. Contracted providers received training and were provided information on how to refer youth for such mentors.

The Department partners with the Delaware Interagency Council on Homelessness in efforts to prevent and resolve homelessness for youth aging out of foster care. The Department will contract with private agencies and landlords to secure housing for youth who age out of foster care. Also, contracts with former foster parents of foster youth who have exited care and responsible adults in the community will be considered. The IL case manager will assist young adults who have exited care and are not participating in one of the adult living settings in establishing a safe living arrangement. The IL providers will also coordinate with the Division for Developmental Disabilities Services in an effort to secure support services and safe living arrangements for former foster youth with qualifying disabilities. Additionally, the Department will contract with agencies to work with and provide services to dependent youth who are in the juvenile justice system and single parents. The formidable partnership that has been developed between the Department and Delaware State Housing Authority has yielded numerous housing resources for youth who have aged out of foster care. A total of 70 housing vouchers are available or in use at any given time for young adults to assist in attaining affordable housing. The results of the previously conducted survey have shown that youth could benefit from additional housing skill development while still in foster care. Efforts occurred previously to launch a pilot program which would allow youth in care an experiential week of living independently. Although previously unsuccessful due to non-participation, there is intent to revisit the programming in the future. Additional housing options should also be made available in order to better meet the needs of all youth aging out of foster care. Through the results of an RFP, an additional housing program was secured and offers options in Sussex County (previously no transitional housing options were available in this county) and additional housing slots are now available in Kent County. It is important to note that since implementation of the two new sites, positive results have been noted for some of the participants in particular some of whom were prior recipients of deep end services. The NYTD data collected regarding homelessness continues to help guide in the efforts to alleviate homelessness for the youth.

The Department has maintained the Memorandum of Understanding (MOU) with the Child Placement Review Board (CPRB) to administer the Education and Training Voucher (ETV) Program. The MOU outlines the responsibilities and assurances of the Department and CPRB and the established review and approval procedures. Updates to the MOU are anticipated in the coming year. The contracted ILP providers will assist current and former foster youth in accessing and appropriately utilizing ETV funds.

Members from the Nanticoke Tribe are invited to review the coordinated plan. The ILP is included in this review. The Program Support Administrator previously met with the Chief of the Nanticoke Tribe and has shared information and encouraged coordination with the tribe. An invitation to review and partake in coordinated planning occurs annually. To date, interest has not been shown by members of the Nanticoke Tribe to collaborate in planning. The Department will continue to solicit input from the DFS Advisory & Advocacy Council, Youth Advisory Council, community partners, Tribal members, foster parents, case managers, ILP providers, and group home providers.

The Department has supported the extension of Medicaid health care coverage to foster youth 18 to 26 years. With the implementation of the Affordable Care Act, Delaware youth are automatically establishing Medicaid as an adult. A process has been developed wherein youth are identified as aging out of foster care at 17.9 months. Youth are assisted in reapplying for the Medicaid program as an adult that qualifies due to aging out of foster care. Annual recertification is required to maintain eligibility. This is accomplished through confirmation of a Delaware address. Youth are being educated on the importance of keeping their address up to date and IL providers are assisting youth to accomplish this. There is no trust fund for foster care youth.

Characteristics of Individuals to be Served:

The Program will provide services for foster youth and former foster youth between the ages of 14 to 21. Youth who leave foster care for adoption or kinship/permanent guardianship at age 16 or older are included in the service population.

Geographical Area Served: Statewide

Accomplishments Achieved in FFY2017 By Program Area:

1. Assist youth to transition from dependency to self-sufficiency:

The Department of Services for Children, Youth and Their Families through the Division of Family Services (DFS) used the Chafee Foster Care Independence Program (CFIP) to staff one state level coordinator, a program administrator and an administrative specialist. The state level coordinator position is responsible for program development and coordination, implementation, resource development, training, administrative oversight, technical assistance, and policy development. The program administrator serves in a part time capacity between the independent living program and the foster care program. The position seeks to increase resources and supports to youth served in both programs. The responsibilities relative to NYTD and the monitoring of out of state stipend recipients fall under the purview of this position. This position is fully funded through state dollars. The administrative specialist supports the state coordinator.

The DFS contracted with public and private agencies. These agencies provided independent living preparation and transitional living services to youth and young adults statewide. The contractors were required to deliver services in accordance with the Department's seven principles for implementing a seamless system of care. The Department operates under the following guidelines:

- Independent living services will be provided as early as possible.
- The provision of services will use an integrated team approach.
- Services will provide "real life" experiences.
- Youth will participate in the planning process.
- Programs and services will be flexible and promote youth development.

On September 18, 2013, House Bill 163 became law. The provision of the statute known as Ready By 21 enhanced independent living programming and established needs based stipends to youth age 18-21. The stipend program is entitled Achieving Self Sufficiency and Independence through Supported Transition (ASSIST). This program has been designed to further support the needs of youth as they transition from traditional foster care. Although Delaware considered and evaluated the ability to extend foster care, it was ultimately determined based upon the input of the youth that additional years of traditional foster care would not best prepare the youth for adulthood. Instead this stipend program makes a variety of housing options affordable, including remaining with former foster parents under a rental agreement. The program requires that youth complete six hours of financial literacy training along with a requirement to work, attend school, or volunteer. Youth are eligible for monthly stipends at a maximum eligibility amount of \$1500. Additional benefits of the program are the ability for youth to save a portion of their stipend in an Individual Development Account (IDA). The program is effectively teaching youth valuable budgeting skills. It is the goal of the program that youth will be better prepared by age 21, homelessness will be reduced, and improved education and employment outcomes will be noted. A significant aspect of this program is that youth with student loans are able to begin repayment of their loan with the use of the funds. This option offers youth the opportunity to decrease the amount of debt that they will be responsible to repay. During FY17, a total of 215 youth have benefited from the stipend program. Through further collaboration with Delaware State Housing Authority 70 housing vouchers are available for use. Currently, approximately 51 vouchers are in use.

On July 25, 2012, House Bill 269 became law, requiring DSCYF to obtain credit reports for youth 16 and older that have been in foster care. The law went into effective on January 1, 2013 and required policy changes which were also developed. This law has furthered the efforts of DSCYF to adhere to the federal requirement, which Delaware initiated in November 2011. In addition to meeting the requirement, we also obtain reports for youth ages 18-21. Since January 2015, reports for 404 youth have been obtained. Reports are now obtained for youth ages 14-21. Reports are obtained for all eligible youth. There were 5 youth where something inappropriate was found on their credit report. The majority of the concerning reports reflected medical collections. Monthly batch reports are now provided to the community partner, \$tand By Me program through the Division of Financial Empowerment of DHSS. Through this collaboration, caseworkers and youth receive support to help correct any findings on the credit report. Additionally, financial coaches are made available to the youth to teach financial literacy. The use of a batch list has greatly improved full compliance with this federal and state requirement. This relieves the responsibility from DFS staff and instead helps the staff to focus on educating the youth and addressing any youth with suspected fraudulent activity on their report. The use of

the batch report also initiated Delaware's implementation of the federal requirement to obtain credit reports for 14 and 15 year old youth.

Supplemental life skills programming for youth ages 14 and 15 was initiated during the summer of 2012 and have continued. Community partner, Kind To Kids provides the life skills training which covers the following areas: Daily Living, Home Life, Self Care, Housing, Education, Career Planning, Money Management, and Interpersonal Skills. These workshops are offered to youth residing in congregate care and detention facilities so as to maintain a captive audience. Feedback from the youth has been positive. It is known that the earlier that youth are trained, the more prepared they will be as adults. Improved preparation is anticipated as a result of the incorporation of this program.

Independent living contract providers and the Independent Living Coordinator completed the Daniel Memorial Independent Living Specialist certification in 2016. This 12 module series helped to educate service providers on the unique needs of youth in foster care and provide tools to best meet their needs. The completion of the certification has ultimately further developed the competency of our case management workforce statewide. There are plans for approximately 10 new independent living staff members to complete the course during the summer of 2017.

Pregnancy prevention is an incorporated focal area of the overall health of the youth. Youth including males are educated on the types of contraception and encouraged to select a method should they choose to be sexually active. Youth are informed about resources within the community inclusive of Planned Parenthood. Young adults are assisted in applying for Extended Medicaid and reproductive health is a key aspect of education on such coverage. In Delaware, the vast majority of high schools have Wellness Centers which serve as an additional resource towards pregnancy prevention and reproductive health. Also, there has been an awareness that there is a need to better equip foster parents to address this sensitive topic. To address this need, the Office of the Child Advocate developed a training which was offered as a workshop at the annual Foster Parent Recognition and Training in May 2016 as well as a guide to assist professionals to effectively address this important topic. On November 30, 2016, all independent living contract agency staff, a few DFS staff, foster care provider agencies and an Office of the Child Advocate staff participated in pregnancy prevention training conducted by Upstream. This organization promotes long acting reproductive contraception and educates the community on the options available along with the resources of where individuals can access same day services. Upstream also served as a vendor at the annual youth conference in August 2016. The training was well received and continued technical assistance has been provided. Data would suggest that efforts in this area have been effective in maintaining the parenting rate of Chafee youth. The rate of 18% has remained consistent since 2014 and also reflects a slight decrease from 19% in 2012.

Training relative to the needs of youth identifying as LGBTQ has been completed by independent living contract providers. Training in this area was enhanced by the completion of the Daniel Memorial IL Specialist certification by all IL case managers. Participation in relative trainings available within the state are mandated as feasible. In January 2017, a training was conducted by Big Brothers Big Sisters to update the providers knowledge relative to youth identifying as LGBTQ. Increasing knowledge and awareness regarding sex trafficking has occurred. Training has been provided regarding new policy and reporting requirements. Coordination with a community partner known as Zoe Ministries has been continued. This organization conducted a training at the annual foster parent recognition and conference in May

2016. This organization also conducted a workshop at the annual youth conference in August 2016. Statewide training for DFS staff, foster care and independent living providers occurred in September 2016. Additionally, many staff participated in a statewide conference on October 1, 2016 which furthered the staff's capacity regarding this critical issue.

2. Help youth receive the education, training, and services necessary to obtain employment

Assisting youth in obtaining employment remains a focal component of IL programming. The poor economic climate has continued to pose difficulties relative to improving employment rates for youth that have experienced foster care. Services to assist youth in this area have included referrals to Goodwill Industries, the Department of Labor, the Department of Vocational Rehabilitation, the Delaware Food Bank, and summer youth employment programs. Additionally, the Kent County contracted provider maintained the Leg Up program which coordinates with local companies to offer summer employment opportunities to youth. The majority of the youth that participate in this program are 14 in order to provide these youth with early training in order to develop their skills.

The fourth annual Job Shadow Day was held during the first week of May 2017. Opportunities were extended this year to multiple days to increase the total number of youth participants. Sixteen youth participated at seventeen different sites. Additional youth (12) signed up and were assigned to a site, but for various reasons did not participate on the designated days. Another 11 youth also submitted applications but sites with matching interest were not located, thus additional outreach to employers is needed for next year. This annual event provides youth with valuable and realistic experiences and also educates the community about the needs of youth in foster care. By holding the event during, May, there is an ability to capitalize on various efforts relative to Foster Care Awareness month. A number of youth participants obtained invitations to apply for employment or volunteer opportunities. Youth feedback was quite positive, with youth sharing how the experience helped bring about awareness that has helped in their decisions regarding future careers. Additional shadowing opportunities will occur in July 2017 via a partnership with JP Morgan Chase who will host 10 youth in various areas of the company.

In 2011, IL contractor West End Neighborhood House, created a social enterprise entitled, Bright Spot Ventures (BSV) to specifically train youth who have experienced foster care in business development, business application, and soft skills. The initial business that was created was an online bookstore. The endeavor has grown to also include a fresh food market component. Youth are matched with local produce growers, help to develop marketing strategies, and select/sell the products each week at the community market. This employment program has also grown through a partnership with DHSS, wherein participants now utilize a greenhouse on a DHSS property and locally produce floral and produce items. An important component of this enterprise is the training and development the youth receive. The youth are given expectations and receive effective counseling on inappropriate employee related behaviors. There are consequences similar to a professional position, but only after several learning opportunities have been given. Youth are also allowed to re-interview in those instances where termination has occurred and must communicate what they have learned from the experience. The training program also includes an externship with supporter Barclays Bank being the primary site for the culminating experience. The employment program has been further expanded to include a printing company entitled, Pop Dot. This company has been developed in conjunction with Sir Speedy and employs youth that have completed the BSV program. This year, the agency has sought to increase participation by increasing promotion of the program to all youth in New Castle county

as opposed to only those served by their agency. This will provide further employment opportunities in the county where over half of the eligible population resides.

In an effort to increase the employment and training services to youth ages 16-21, the contract with Jobs for Delaware Graduates (JDG) has continued. This program is part of the national organization entitled Jobs for America's Graduates. This program generally provides academic and employment training supports to youth in the high school classroom setting. Through the contract developed, Independent Living youth receive services relative to employment training in the community from a case manager. Services include career and education assessment, resume writing, job readiness training, and employment placement/retention assistance. These services are currently available to a total of forty youth that reside in Kent and Sussex counties. Per statistics gathered in Delaware, during 2016, 26% of youth had part time employment and only 10% had full time employment. The services of this contract have continued to improve and yield positive results to those youth that have been actively involved as evidenced in the increased number of youth that have obtained and maintained employment. The contractor has implemented integrated services to better direct their services based upon evidence of job readiness while remaining youth receive more soft skill related services to better prepare them for future employment. This method of service delivery has produced better success rates. Youth in the aftercare program were assessed for employable skills, work readiness knowledge, and job seeking ability. IL contractors' staff conducted mock interviews, assisted youth with creating resumes and cover letters. Some youth were registered with the Department of Labor to access job training and job fairs. Two (2) youth attended Job Corps and are working towards completion of certifications and their high school education.

The IL Program Manager has also continued to participate in the WIA Youth Advisory Council. Through advocacy efforts the council has improved service delivery to incorporate considerations for the needs of youth who have experienced foster care. The WIA Youth Advisory Council created a scholarship to help youth further their education. The youth selected for this scholarship this year is an independent living participant.

A new program entitled Generations began this year. The program provides free training in customer service and CNA certifications. Following a presentation to contracted providers several youth were enrolled in the program and continue to find it to be a good employment training resource. Graduates of this program are guaranteed employment.

For the sixth straight year, a summer court internship has been held in coordination with the Administrative Office of the Courts. Youth in two counties interned at various positions within a court or affiliated programs of the court. Most positions are of a clerical nature, yet there are some youth that are also connected with the security staff to perform duties. This program has been a great resource and two youth have obtained state positions as a result of their experience.

3. Help youth prepare for and enter post-secondary training and educational institutions:

The partnership with Delaware State University has continued to operate. Through this program youth are able to attend the university through combined funding measures and housing vouchers. Housing is provided year round and on campus supports are available to the youth. Three students are currently attending the university under this program. One new youth has been identified to participate in the program for the fall of 2017. Challenges relative to grades,

roommate difficulties, and emotional well-being have proven problematic this school year. The well-established partnership with the university helped to address such difficulties quickly. It is important to note that a third participant has graduated, furthering evidencing the success of the program. Efforts to expand the program to the University of Delaware occurred again this year, however there remains a barrier to providing the year round housing which is a critical programmatic component. Efforts to model the program to the university's foreign student supports programming have continued yet currently to no avail. It is a primary goal to implement this program especially given that an increased number of youth have enrolled at the university.

There is a primary need to increase the number of youth that complete their high school education. Legislation was passed in August 2014 and allows a graduation exception in which a student that was in DSCYF custody who transfers into a district or charter school shall be permitted to graduate based upon the successful completion of the Department of Education's graduation requirements as defined in the Delaware Code. It is anticipated that this will help improve graduation rates given that youth will not have to be held to the standards of a new district based upon circumstances of changing placement. Some evidence has been noted given a maintained improved high school completion rate of 48%.

A new program entitled, Year Up which focuses on specialized programming for individuals less likely to go to college began in 2017. Several youth in New Castle County have been referred to the program operated by Peirce College. Year Up Wilmington offers an intensive, one-year program for college students, ages 18-24, combining professional coaching, hands-on skill development, and internships at some of America's top companies. Students have access to the library, tutoring resources, and other services offered by the college, in addition to the services offered by Year Up. As students work toward completing a degree at Peirce College, Year Up Wilmington provides them with professional development and work experience, preparing graduates to launch a meaningful career. Students also participate in an internship at a Fortune 500 company and receive a stipend while attending.

The WIA Youth Advisory Council created a scholarship to help youth further their education. Youth from foster care are recipients of the scholarship.

The DFS maintained the Memorandum of Understanding (MOU) with the Child Placement Review Board (CPRB) to administer the Educational and Training Voucher (ETV) Program. The MOU outlines the responsibilities and assurances of DFS and CPRB. The contracted IL providers assisted youth in accessing and effectively utilizing ETV funds.

Information regarding ETV and scholarship programs was distributed to case managers, youth, foster parents, school guidance counselors and others who work with youth. The CPRB also maintains a website that provides information regarding ETV and allows for online application access. Future plans to allow for online application submission remain forthcoming. CPRB implemented additional measures to further connect with the recipients during the school year in order to provide increased emotional supports and encouragement.

Four percent (4%) of former foster youth reported as receiving IL services completed post-secondary education and training programs; 22% were enrolled in post-secondary education and training programs. Fifty-eight young adults received ETV funds during school year 2015/2016; 33 were new applicants.

4. Provide personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults:

The IL contractors provide resource coordination for youth and volunteer mentors recruited from the community. Although the formal mentoring program has not been operational due to a lack of resources to oversee the program, expectations have increased for contracted agencies to help youth to identify supportive adults. Additionally, the Job Shadow Day serves as a means to help connect youth to mentors within their career interest fields. As individuals within the community express an interest in mentoring youth, such connections are made. Three hundred twenty-eight (328) of the (345) = 95% of foster youth receiving IL services reported having at least one adult in their lives for emotional support.

The best mentoring resource available to the youth currently is through the Independent Living for Young Adults (ILYA) program through the First Unitarian Church. The members of this congregation provide supports inclusive of apartment kits, care packages, furniture, crisis funding and a graduation party. The youth that participate in the care package program receive encouragement and support from the donor throughout the year to help promote their success. The graduation party also seeks to help connect the youth to the supports offered by this group.

The Delaware Youth Advisory Council has continued to grow its membership and influence. Each month, the advisory council meets and includes statewide representation. Approximately 25 youth per month attend the meetings. The Independent Living Program Manager has oversight responsibilities of the council and attends each monthly meeting. The youth have continued to serve as the representative voice of youth that have experienced foster care. During the year focus groups and surveys of the youth have occurred. The youth have poignantly and effectively conveyed the challenges they have experienced and the positive improvements of the Delaware child welfare system. Events during the reporting period include the annual youth conference and a tour of the Whitehouse which resulted in an exciting viewing of President Barack Obama along with a visit with Senator Chris Coons' staff. YAC has completed its fourth mural project in 2016. The projects are now contained in all three Family Courthouses and help to depict the challenges and resiliency of youth that experience foster care. The youth conducted a successful conference with just under 100 attendees comprised of professionals and youth. The youth have also been integral in sharing their views and ideas regarding the various efforts to improve the child welfare system. The youth once again lent their voice at the April 2017 meeting to guide agency strategic planning as part of the Annual Progress and Services Report. The primary focus of the youth throughout this year has been to address the barrier of car insurance and its impact on youth to obtain a driver's license.

5. Provide financial, housing, counseling, employment, education, and other appropriate services and support to former foster care recipients between 18 and 21 years of age:

Contracted IL providers negotiated with landlords to provide month-to-month leases for former foster youth who may not have otherwise been approved for housing. Thirty seven (37) youth participated in the Transitional Housing Program. Host Home Agreements remain available to our youth. Thirty (30) Family Unification vouchers and fifty (40) State Rental Assistance Program vouchers were available through a partnership with Delaware State Housing Authority (DSHA) and served youth who have exited the foster care system. To date, 51 of the 70 vouchers

have been distributed. Delaware has maintained a policy where in which beginning at age 16 youth can apply for Section 8 housing. This provision will allow youth to be on the waiting list while they are still in care and likely be eligible to receive a housing choice voucher upon exit from care. The federal provision to increase the FUP voucher time from 18 months to three years will be very helpful towards efforts to prevent homelessness. Additionally, DSHA was approved as a pilot program to make the FUP vouchers available for additional two years for those youth that elect to participate in the Move To Work program. It is anticipated that this additional time will be effective in helping youth to further their education and employment. Thirteen (13) former foster care youth with at least one severe mental disorder received housing services from the program designated for youth with mental health diagnoses. Increased transitional housing resources were maintained via a contract which serves females in Kent and Sussex counties.

Employment resources were provided through various community collaborations. Youth were referred to the Challenge Program which assists in educational and vocational certification attainment. Additional employment resources have been provided by Goodwill Industries program. Summer youth employment opportunities were also afforded to a number of current and former foster youth. The contract with JDG has also afforded additional employment resources. Reporting from this contracted agency shows that 28 youth were assisted in obtaining employment in 2016.

ILYA continues to provide numerous services to youth inclusive of college care packages, delivery of donated furniture, holiday gifts, and rental supplements. Additionally, ILYA conducts an annual event that recognizes the accomplishments of those youth who have completed their high school or GED requirements.

Crossroads Counseling Services, Jewish Family Services, Connections CSP, and Aquila provided services for youth suffering from drug and alcohol abuse issues and mental health diagnosis. Through a partnership with the YMCA, a one year membership is provided to each youth that exits foster care. Similarly, membership privileges are afforded to our transitional living participants both on an individual and group membership instance. This benefit has also been extended to those who serve as mentors. This allows the mentor and mentee to have a community resource where they can interact in a positive manner at a designated community site. Independent living providers and foster care representatives completed the five-day Prime for Life training and have sought to impart the tools into practice. This training focused on substance use prevention and decreased utilization.

Extended Jurisdiction legislation was signed on July 15, 2010. This law provides continued oversight by the Family Court for youth 18-21 and assesses the appropriateness of independent living services. An order for extended jurisdiction also allows for continued representation by an attorney or a Court Appointed Special Advocate (CASA). The individuals that serve as attorneys or CASAs are an additional support and continual figure in the lives of youth who have aged out of foster care. There are currently, fifty-one (51) youth with an open Extended Jurisdiction case.

\$tand By Me continues to offer financial coaching for those youth utilizing a housing voucher. This component was added as a measure to assist youth in developing stronger budgeting and money management skills in order to achieve positive rental history and prevent evictions. This additional service is available to all youth in the independent living program, but is an expectation of those that have housing vouchers.

The Delaware Interagency Council on Homelessness (DICH) has continued to utilize a centralized intake system in order to develop a streamlined homeless services system. Although providers work diligently to prevent homelessness for our youth, this system allows for further assistance in acquiring appropriate housing for our youth that do experience homelessness. The system was initiated in January 2014 and encountered its share of challenges. The council has worked diligently to assess the needs for improvement and has made changes recently to thwart additional challenges.

In order to fulfill the requirement to survey the new baseline youth for NYTD, comprehensive efforts were made to survey the youth. DFS has worked diligently to fulfill the requirements. Delaware has proudly continued to successfully fulfill the reporting requirements with full compliance. There have been efforts to maintain ongoing services to the youth in order to have the most significant impact towards positive youth outcomes.

There is recognition that youth with disabilities can be vulnerable as they leave foster care. A lack of financial support only compounds matters. A system to evaluate youth as they are approaching age 18 for potential SSI/SSA eligibility has been implemented. Applications for eligible youth are submitted by MAXIMUS. IL providers have been trained and will assist youth with the necessary needed follow up. MAXIMUS also evaluates SSI eligibility while youth are in foster care in order to establish eligibility early which can improve the approval of benefits as youth transition to adulthood.

The most significant resource that has been afforded to youth is the ASSIST program. Youth 18-21 now have financial resources to assist with their cost of living expenses. This program is helping youth to learn money management and budgeting skills. The monthly needs based stipends also allow youth to develop savings which is a valuable skill that most youth were not able to experience due to limited incomes. Through this program youth are developing responsible spending habits and savings plans. Building these foundations will help youth in their future endeavors. The requirements of the program relative to employment and education have produced positive outcomes for the participants with the following results: 56% completed high school or GED, 51% employed, and 39% enrolled in an educational program,

It is also important to note that the same services rendered to youth ages 16-17 are also available to youth ages 18-21, with the exception of the life skills class that is specific to youth ages 14-15.

Planned Activities For 2018:

The addition of new service providers along with prior contractors has offered a variety of services engrained with best practice tools. Strengthening the service delivery of new contractors will be a focus in the upcoming year. Additionally, monitoring was conducted in 2016/17 which shows forth a need of improvement in service delivery from longstanding providers and newer contractors. Focused technical assistance will continue to address areas needing improvement. Efforts to develop additional resources outside of contracts will be a focus during next year to further enhance the supports to youth. Additionally, a decrease in the adolescent population requires some considerations in practice changes. Throughout the current year, there has been a focus on providing increased services to fewer youth, however consideration must now be given to expanding the eligible population for the contracted independent living services.

Delaware has worked diligently to overcome the barrier that is most meaningful to our youth. That is the ability to obtain a driver's license and an automobile insurance policy in their name as

a minor. Though the committed efforts of former Lt. Governor Denn, yielded financial support to launch a program entitled, Developing Responsible Intelligent Vehicular Engineers (DRIVE), the funding was removed. There is now increased awareness and support to assist youth potentially through legislation to overcome this barrier. It is hoped that a partnership between the youth and supportive adults can be developed to help overcome this barrier. One consideration is to develop policy that allows youth to maintain their provisional license through age 18 (currently it expires after six months) at which time they will have funding through the stipend program to obtain an insurance policy as an adult.

The provision of the ASSIST program has created valuable learning experiences. During the next year additional youth will be added to the program. The lessons learned from the prior years will help to improve the ongoing functioning of the program. We will seek to increase the accountability measures, enhance the saving practices of the youth and help youth to become better prepared for adulthood and more self-sufficient.

Efforts to develop the pilot program to support youth at the University of Delaware will continue. The program will mirror the program that has been operating at Delaware State University since 2010. It is believed that with these additional supports more youth will enroll at the university and successfully matriculate.

There will be concerted efforts to ensure compliance with the provisions of the Preventing Sex Trafficking and Strengthening Families Act. Participation in additional training related to sex trafficking will occur during the year. The requirement to help ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities will continue. The development of additional partnerships with community centers, extra-curricular organizations, schools, and civic organizations are planned as a means to increase the opportunities for youth participation. The Kind to Kids community organization remains a key partner in this area. The organization provides tickets to youth to various community events, including plays, sporting events, and outdoor activities. Coordination with this organization to further ensure opportunities for our youth to participate in such activities will occur. Another potential partner to help youth have important experiences is One Simple Wish. We will explore the options available through this organization pertinent to normalcy activities. Staff will better gauge the interests and available activities for youth to participate in. Coordination with the DFS worker to help youth have more opportunities for normalcy related activities will occur.

It is anticipated that the Self Sufficiency Benchmarks guide will be finalized and implemented during the coming year. This will better ensure that appropriate skill development occurs and that designated parties fulfill the responsibility to assist the youth in the skill development areas. It is anticipated that this will lead to youth being better prepared at age 18 and all the more so at age 21.

During the upcoming year, an enhanced child welfare information system will be finalized. The Independent Living Coordinator will be thoroughly engaged in the implementation process in order to ensure that the independent living contracted users are knowledgeable and capable of entering information into the system which fulfills the needed requirements to provide accurate federal reporting. This will be crucial as our preparation begins for the NYTD review in coming years. We have already begun to look at ways to enhance our processes in order to achieve compliance. Analysis and evaluation will continue in order to achieve improved data collection.

Once the review date has been determined, communication with community partners will be shared in order to prepare for their participation in the review.

We will have an updated MOU between our department, Delaware State Housing Authority, The Department of Health and Social Services, The Department of Education, The Department of Corrections, and The Department of Labor completed this year. This MOU will help to better align the service delivery of youth as they transition into adult related services hence removing barriers to improved outcomes for the youth.

**APPLICATION FOR FFY2018
EDUCATION AND TRAINING VOUCHER (ETV) PROGRAM
SPENDING PLAN**

FFY 2018 Budget Request for Grant: Education and Training Program

Contractual **81,469**

The Child Placement Review Board (CPRB) administers the ETV Program and distributes funds to college and training programs or through four contracted Independent Living agencies. These funds assist former foster youth who are enrolled in a postsecondary education or training program. Funds can be for college tuition and fees, supplies and equipment, books, room and board, transportation, dependent care, and other costs associated with completing a training or educational program.

Tuition and Fees	38,000
Supplies and Equipment	10,000
Room and Board	28,302
Transportation	3,000
Dependent Care	1,922
Audit Fees	245
Federal Funds	65,175
State Matching Funds	16,294

TOTAL STATE AND FEDERAL FUNDS **81,469**

Proposed Activity: Education and Training Vouchers

Serve children with goal of reunification with their families through family intervention service contracts.

Amount of Federal Funding: \$65,175

Characteristics of Individuals to Be Served:

Young adults attending post-secondary education and vocational programs

Geographical Area Served:

Statewide

Objectives and Results Expected:

Successful completion of post-secondary education and vocation programs

Attachments

State of Delaware CFSR PIP Final 5-4-17
State of Delaware CFSP 2018 Edition
Delaware Child Welfare Dashboard
Education Measures for Academic School Year 2016
EdInsight Dashboard Student Profile Sample Report
Staff Training Plan Chart 2018
ILT Enrollment Summary Reports Pre-Service FY2017
DFS New Worker Training FY2017
Evaluation Reports In-Service Training FY2017
Institutional Abuse Statistics January 2016-December 2016
A.I. DuPont Hospital for Children-Emergency Department, Division of Family Services,
January-December 2016 Statistics
SEI Report 2016
Annual Reporting of Education and Training Vouchers Awarded (Federal Attachment E)
Foster Care Marketing, Recruitment and Retention Plan
Emergency Plan
CFS-101, Parts I, II and III